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C. 610. M. 238. 1926. III.
(C. H./8th Session/P.V., revised.)

Geneva, November 27th, 1926.

LEAGUE OF NATIONS. Health Committee

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Health Committee

Minutes of the

EIGHTH SESSION

Held at Geneva from Wednesday, October 13th, to Tuesday, October 19th, 1926.

LIST OF MEMBERS OF THE COMMITTEE.

Dr. Th. MADSEN, *President*,	Director of the State Serum Institute, Copenhagen.
M. O. VELGHE, *Vice-President*,	Secretary-General of the Ministry of the Interior and of Health, Brussels.
Dr. N. M. J. JITTA, *Vice-President*,	President of the Health Council of the Netherlands, The Hague.
Professor Léon BERNARD,	Professor of Hygiene at the Faculty of Medicine of the University of Paris.
Sir George BUCHANAN,	Senior Medical Officer of the Ministry of Health, London.
Dr. H. CARRIÈRE,	Director of the Federal Health Department, Berne.
Dr. W. CHODZKO,	Former Polish Minister of Health, and Director of the School of Hygiene, Warsaw.
Professor Ricardo JORGE,	Director-General of Public Health, Lisbon.
Dr. A. LUTRARIO,	Former Director-General of the Health Department of the Ministry of the Interior, Rome.
Dr. P. MIMBELA,	Professor of the Faculty of Medicine, Lima.
Professor B. NOCHT,	Director of the Institute for Tropical Diseases, Hamburg.
Professor Donato OTTOLENGHI,	Professor of Hygiene at the Royal University, Bologna.
Professor Gustavo PITTALUGA,	Professor of the Faculty of Medicine, Madrid.
Dr. L. RAYNAUD,	Inspector-General of the Health Service of Algeria, Algiers.
Dr. M. TSURUMI,	Representative of the Japanese Public Health Service.
Dr. L. RAJCHMAN,	Medical Director, Secretary of the Committee.
Absent :	
Dr. Carlos CHAGAS, *Vice-President*,	Director of the Oswaldo Cruz Institute, Rio de Janeiro.
Professor J. CANTACUZÈNE,	Professor at the University of Bucarest.
Surgeon-General H. S. CUMMING,	Director-General of the United States Public Health Service, Washington.
Dr. A. GRANVILLE,	Former President of the Sanitary Maritime and Quarantine Council, Alexandria.
Dr. Alice HAMILTON,	Associate Professor of Industrial Hygiene, Harvard Medical School, Boston.

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1926. III. 28.

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FIRST MEETING.

Held on Wednesday, October 13th, 1926, at 3 p.m.

Present : All the members of the Committee with the exception of Professor Léon Bernard, Professor Cantacuzène, Dr. Chagas, Surgeon-General Cumming, Dr. Granville, Dr. Alice Hamilton and Dr. Raynaud.

241. Opening of the Session.

The PRESIDENT proposed that a telegram should be sent to Professor Cantacuzène expressing to him the sympathy of his colleagues and their good wishes for his prompt recovery.

He welcomed Senator Pottevin, who was sitting for the first time as Director of the Office international d'hygiène publique. He regretted the absence of Professor Chagas, Surgeon-General Cumming, Dr. Alice Hamilton and Dr. Granville.

He announced that Dr. Raynaud would arrive the following day and that Professor Léon Bernard would arrive on October 18th.

He reminded the Committee that the decisions of the Assembly had been favourable to the Health Committee and that special emphasis had been laid on the great importance of the work done by the Epidemiological Intelligence Bureau at Singapore.

242. Work of the Permanent Standards Commission : Report of the President.

The PRESIDENT, in his capacity as Chairman of the Commission, summarised and commented on his report (Annex 116). In regard to the anti-dysenteric serum, the State Institute of Serotherapy at Copenhagen had been asked to establish a standard serum, and it would, during a period of twelve months, send this standard to all the laboratories, describing exactly the technique to be adopted in using this provisional unit.

Anti-pneumococcic serum was largely used in France, but much less in other countries, where there still existed ideas which were sufficiently divergent to render the establishment of an international standard premature. This was also true of the anti-meningococcic serum. As regarded the new specific methods for the diagnosis and treatment of and immunisation against scarlet fever, the American, British and Polish Institutes, in collaboration with the Institute at Copenhagen, would study the question and present a report at a later session.

The Tuberculosis Commission had received a report on tuberculin from Professor Calmette. It would be interesting to have a comparison made of the existing standards for tuberculin.

Sir George BUCHANAN said that the report of the Chairman showed the complexity of the work done by the Standards Commission and its various expert groups, so ably co-ordinated by Professor Madsen. He asked that an annex might be attached to the report giving more precise indications as to the units and standards adopted.

As regarded scarlet-fever serum, the object of the resolution of the Standards Commission was opportune if it were intended to limit the work to a laboratory comparison of sera actually available. If, on the other hand, the Standards Commission proposed to take up also the question of the value of the sera for immunisation against the disease and its cure, such an object, desirable though it might be, would involve an extension of the enquiry which seemed to go beyond the terms of reference of this Commission.

Finally, he would like to know whether the President could give at once any indication of the points in the biological and serological field which were ready for practical study by the Commission in the near future.

Dr. CHODZKO said he was very pleased to note that the Standards Commission was contemplating an investigation into the serum for scarlet fever with a view to establishing the standard, all the more so as the experiments made with this serum during the present epidemic of scarlet fever in Poland had been very encouraging. A similar impression would result from reading the report of Professor Preisich recently submitted to the Medical Society at Budapest. The children's doctors in Poland were unanimous in declaring that the results obtained were the most rapid and surprising which had been observed since the introduction of the anti-diphtheritic serum into medical practice.

It would also be extremely desirable to settle the question of the composition of the anti-scarlet-fever vaccine first introduced by a well-known Polish doctor, the late Gabryczewski. It seemed that there was some dispute as to priority between Gabryczewski, posthumously, and Dicks.

He would take this opportunity to ask the President to be so good as to inform the Health Committee as to the position of the question of the biological products used against whooping-cough in Denmark and the work done in this field by the State Serotherapeutic Institute of Copenhagen as well as the surprising results which seemed to have been already obtained.

Finally, he would be happy to have details in regard to the serum against whooping-cough.

Dr. RAJCHMAN said that the appreciation of the results obtained by the serum and the vaccine against scarlet fever did not come within the field of the Permanent Standards Commission. Resolutions on this subject would be found in the special report of the Child Welfare Health Experts, and there would be an opportunity of discussing them when that report came up for consideration.

Sir George BUCHANAN said that if, at present, it was merely a question of verifying the purity and strength of the sera or vaccines, he could accept the proposals made in the report.

The PRESIDENT added that the American report, which gave detailed indications as to the establishment of the standard anti-tetanic serum, might be placed at the disposal of Sir George Buchanan.

The investigation which had been decided upon concerning scarlet fever was purely technical, and hitherto researches had not gone beyond the field of the laboratory.

Referring to the question of Dr. Chodzko concerning whooping-cough, he would state that the National Institute of Serotherapy at Copenhagen was at present one of the very few institutes which practised bacteriological diagnosis as a routine method. He would present a report on this question and on vaccination against this disease.

243. Provisional Report on the Work of the Sleeping-Sickness Commission.

Professor OTTOLENGHI wondered whether it would not be advisable to add to the programme of work of the Commission a continuation of the investigations into the development of trypanosomes in the glands of the tongue, with the object of throwing light on the real parplayed by these trypanosomes in the preservation and development of the virus. This was a problem of very great biological and practical importance, which it had hitherto been impossible to settle. The Commission would be able to take it up again all the more easily as it was working on the spot where sleeping-sickness was raging, and as one of the members of the Commission had already studied this problem with very promising results.

Dr. RAJCHMAN replied that it was difficult for the Health Committee to suggest this new subject of enquiry, as the programme of work had already been determined by an international conference specially convened for that purpose. The Commission had chosen a certain number of subjects on the spot, and a prolongation of six months would already be necessary to deal completely with these questions. In any case, it would be necessary first to obtain the views of the Governments represented at the London Conference.

Sir George BUCHANAN asked whether it was proposed that the Health Committee should formulate a resolution recommending the prolongation of the work of the Sleeping-Sickness Commission for the further period of six months. He had reason to believe that the British Government and the Governments of the British territories which were concerned would not be averse to continuing the subsidies for that period.

The supplementary task indicated by Professor Ottolenghi was interesting. It had been settled, however, that the present Sleeping-Sickness Commission could only undertake a certain defined programme and could not be continued with the intention of investigating all the problems of this disease. The greatest need, perhaps, was a drug which would cure sleeping-sickness as effectively as novarsenobillon cured yaws. Further, a point of first importance was the necessity of a control simultaneously exercised on both sides of the common frontiers.

M. VELGHE said that this question had been taken up at the beginning of the work of the Commission and that the Governments had been asked to give the necessary instructions.

Senator POTTEVIN thought that a Convention between France and Belgium was already in existence.

Dr. RAJCHMAN thought that it would be useful for the Health Committee to adopt a resolution supporting the request for prolonging the work proposed by Dr. Duke. The funds at present available would enable the work to be continued for another three months, and in the budget of the Health Organisation for 1927 it would be possible to earmark a grant in aid.

The necessary co-operation on either side of the common frontiers was a point which the Commission of Experts would be qualified to settle. A draft resolution with regard to the work of the Commission would be presented at a future meeting.

244. Examination of the Report of the Medical Director on the Work accomplished since the Sixth Session of the Committee.

Appendix (*a*), Service of Epidemiological Intelligence and Public Health Statistics, of the report of the Medical Director (Annex 108) was read.

Dr. TSURUMI said he was happy to learn that the Health Section had begun to receive information on the incidence of epidemic diseases in China in spite of all the political and administrative difficulties existing in that country. It was very desirable that the Committee should appreciate this new fact and encourage the National Epidemic Prevention Bureau at Pekin to furnish epidemiological information regularly in the future.

He also learned with satisfaction that the last Assembly had inserted in the budget of the Health Organisation a contribution towards the expenses of the Bureau at Singapore, as he had asked that this question should be examined at the sixth session of the Committee.

This was an indication of the way in which the League of Nations appreciated the work of that Bureau, which he hoped would continue to develop.

With regard to the notifications and other epidemiological information at present forwarded by the Bureau at Singapore, he entirely agreed with the views of the Medical Director, and he hoped that the Committee would endorse his opinion.

Sir George BUCHANAN said that, having been present for several days during the work of the Assembly, he could bear witness to the interest shown by the Second Committee and by the Assembly in the work and maintenance of the Bureau at Singapore. This interest was largely due to the fact that the Bureau was carrying out effectively a task undertaken by the League of Nations in the Far East and controlled by the representatives of the Governments in the Far East. He hoped that the Medical Director would give information in regard to the significance of the resolution of the Assembly relating to the budgetary contribution. Was it necessary for the Health Committee, at this session, to indicate, for the convenience of the Advisory Council at Singapore, how much money it would be possible for the League to put at the disposal of the Bureau for the expenses of the coming year ?

The observations which the Medical Director had already made on the utility of this Bureau in connection with the tasks imposed by the new International Sanitary Convention were extremely instructive. In his opinion, the Office international d'Hygiène publique should invite the League of Nations to permit it to use the Bureau at Singapore as largely as possible, for the objects which it considered essential, in connection with its execution of all the duties imposed on it by the Convention. He hoped that a satisfactory agreement in this sense could be concluded in Paris.

The report of the Medical Director contained some expressions and implications regarding the duties of the Paris Office under the Convention which, in his personal view, needed some modification before they could be accepted as exact. The question of these duties, however, in the first instance concerned the Paris Office, where they would be discussed in the near future. If the point might be noted, he would not trouble the Committee with observations on the particular phrases he had in mind.

Dr. CARRIÈRE confirmed the declarations of his colleagues. Thanks to the Bureau at Singapore, he was able to ensure a periodical and regular publication of short summaries giving precise information as to the movements of epidemics abroad, whereas, hitherto, this information had been vague and incomplete.

Dr. JITTA said that the Government of the Dutch East Indies desired to endorse the tributes paid to the working of the Bureau, for the information thus obtained was extremely valuable to health authorities.

Dr. RAJCHMAN, replying to Sir George Buchanan, said that, as a result of the resolution proposed by the Japanese delegation, supported by several other delegations in the Second Committee, a Sub-Committee had considered the amount of the special credit which should be inserted in the budget of the Health Organisation of the League for the Bureau at Singapore.

Following a thorough discussion of several proposals by this Sub-Committee, the Second Committee had unanimously proposed to the Fourth Committee to increase the budget of the Health Section by 25,000 francs. It was pointed out that, if account were taken of the fact that provision had been made in the health chapter of the budget for a German member, consequent upon the entry of Germany into the League and the resultant additional contribution, the maximum figure of 1,000,000 francs agreed upon last year had not in fact been exceeded, but that, on the contrary, the budget had actually been decreased as compared with that of 1926.

The Fourth Committee, on the recommendation of the Supervisory Commission, had decided that the budget of the Section could only be increased by the difference between 1,000,000 francs and 991,000 francs, the total of the original estimates for 1927. Ten thousand francs had therefore been added under Article 23, II, 3 (Sanitary Notifications and Epidemiological Enquiries), the title of which had been changed to "Sanitary Notifications, Singapore Bureau and Epidemiological Enquiries". The provision for "Cables, Telegrams and Telephones" had been reduced by 1,115 francs, thus bringing the budget within the maximum figure of 1,000,000 francs.

The principle of a contribution for the Bureau was thus admitted and a credit had been inserted in the budget in a form which enabled the expenditure therefrom to be made proportionate to the actual requirements. The Singapore Bureau would, within a few weeks, submit its budgetary estimates and it could then be seen to what extent it would be necessary to call upon the credit provided in the budget of the Health Organisation of the League.

M. VELGHE observed that the report emphasised the lack of uniformity existing between the various systems of notification. Forty-seven countries sent weekly reports, eight countries sent reports every ten days, ten countries sent reports twice a week, and sixty-nine countries sent monthly reports. In his opinion, a report sent every ten days had the double advantage of applying to a short period and of being adaptable to the monthly period. He would like to know what proposals Dr. Rajchman was prepared to make in order to secure uniformity.

Dr. LUTRARIO thought that it was extremely desirable to secure uniformity. Unhappily, this question presented serious difficulties. The period of ten days did not fit in exactly with months of more or less than thirty days. On the other hand, the weekly period had been generally adopted in the majority of the conventions concluded between particular countries.

Dr. CARRIÈRE added that the great majority of the present statistics were established according to the weekly period. It was necessary to arrive at a uniform rule in the manner of reckoning the week.

Dr. RAJCHMAN replied that, in the passage of the report in question, he had merely repeated the suggestion which would be found in almost all the previous reports. The weekly period mentioned by Dr. Carrière was generally adopted. Within the year, the two invariable periods were the week and the quarter. It had been agreed in the East that the seven days of the week should end at midnight on Saturday. He had confined himself in his report to indicating that it would be useful to adopt a uniform period, but he had not put forward any precise proposal. He would be happy if the Committee would authorise him to examine during the year 1927 whether it was advisable to make an effort to achieve uniformity.

M. VELGHE said that his question was due to his conviction that the desire for uniformity should not remain merely platonic. At present, several countries retained their original system from force of habit. He hoped that Dr. Rajchman would get into touch with these countries in order to secure greater uniformity.

Sir George BUCHANAN said that attempts to secure minute degrees of unification of these statistics of notified diseases had little real advantage when one considered what notification signified, and for what purposes a given country needed to know about infectious diseases in another country. He was opposed to the Health Organisation entering into details of national administration in matters of this sort.

The PRESIDENT proposed that Dr. Rajchman should study the question and submit precise proposals in order that the Committee might see whether it was advisable to make representations to the Governments.

Dr. RAJCHMAN observed that, if this enquiry were to begin with Europe, an understanding would be almost wholly realised at the outset, since all the countries submitted weekly reports except Belgium. He would submit a detailed report on the matter at the next session.

In reply to a question of Dr. Tsurumi, Dr. Rajchman stated that the Advisory Council of the Bureau at Singapore would be meeting in January 1927, and that Dr. Gautier, of the Health Section, who was now at Singapore, would represent the Secretariat.

Sir George BUCHANAN emphasised the usefulness of the series of statistical handbooks. He hoped that the publication of these handbooks would be continued and that the issue of those already prepared would be hastened.

The report on the Epidemiological Intelligence Service was adopted, with the exception of the part relating to the Statistical Committee, consideration of which was adjourned on the request of Dr. Jitta.

SECOND MEETING.

Held on Thursday, October 14th, 1926, at 10.30 a.m.

Present : All the members of the Committee, with the exception of Professor Léon Bernard, Professor Cantacuzène, Dr. Chagas, Surgeon-General Cumming, Dr. Granville, Dr. Alice Hamilton and Dr. Raynaud.

245. Examination of the Report of the Medical Director on the Work accomplished since the Sixth Session of the Committee (*continuation*).

Public Health Administration and Health Insurance.

The chapter of the report of the Medical Director on this subject was read (Annex 108, Appendix *c*).

The PRESIDENT suggested that the chapter should be discussed paragraph by paragraph.

Paragraph 1.

Sir George BUCHANAN said he presumed that the programme of the future enquiry referred to at the end of paragraph 1 would come up for consideration by the Health Committee at a later stage and that the Committee was not at that moment called upon to take a definite decision. If, at that later stage, the enquiry was considered to be of sufficient importance, the Committee might usefully decide to deal with these insurance questions through a standing committee or at least to have one of its members associated with the investigators as a Rapporteur. He was not making any suggestion to this effect at that moment, but he considered that the participation of members of the Health Committee in expert work done for the Committee was important.

Dr. CHODZKO emphasised the importance of the proposal made by Sir George Buchanan, and recommended his colleagues to adopt it. The Committee was still dealing with the preliminary stage of the question and, for the moment, all that was being done was to collect documents. Doubtless a programme would emerge when these documents had been collected. It was, however, necessary that a certain direction should be given to the work which was to be undertaken, and the Health Committee would perhaps desire to indicate this direction in advance.

Dr. RAJCHMAN said that Sir George Buchanan and Dr. Chodzko had raised two questions.

As regarded the programme of the enquiry which was to be submitted to the Committee, it must be realised that this was not an enquiry of the Health Committee itself. A year ago, the Committee had asked the Health Section to make a preliminary study of the question in co-operation with the Ministry of Health of Czechoslovakia. The health administrations with which the Secretariat had got into touch had appointed investigators, each of whom had begun an enquiry in his own city. These investigators had met at Geneva in order to compare their results, and on the basis of this comparison it had seemed to them possible to continue to carry out a plan of enquiry in districts chosen by themselves. This plan would eventually be extended to other cities. It did not seem necessary, at least for the moment, to discuss this plan of enquiry in detail. The Health Section would have finished the preparation of this plan within a few weeks, and it would be immediately communicated to the members of the Committee. In order to avoid any misunderstanding, it was necessary to lay down that the investigators would continue their enquiries on the basis of this plan, as the work was still in the preliminary stage.

As regarded the appointment of a Rapporteur, or, as Dr. Chodzko seemed to suggest, of a committee, it would be premature to take a decision during this session since it was still difficult to decide whether a special committee of the Health Committee would be necessary. On the other hand, it was indispensable that a limited group of experts should be appointed to continue the enquiry. This point might be discussed at the same time as paragraph 6 of the present chapter.

Paragraph 2.

No observations.

Paragraph 3.

Dr. CARRIÈRE said that it would be advisable to extend the enquiry to Basle, where 80 per cent of the population were subject to compulsory sickness insurance.

Dr. RAJCHMAN said that it was proposed to undertake an enquiry in Basle.

Dr. CHODZKO emphasised the importance of a study of special insurance against tuberculosis in England, an insurance which had been working for some time with excellent results.

Sir George BUCHANAN said that any assistance in the matter which might be afforded in Great Britain would be very willingly given. He hoped that, when the results of the preliminary enquiry were embodied in a report, it would be very clearly stated what precisely were the "preventive principles" which were being considered. "Preventive" was a term which could be used in many different senses in medical work. It was necessary to be clear on the question whether the investigators were using the term in the narrower sense of general sanitation, inoculation and public health administration, or whether they included the ordinary treatment of disease which, if started in time, prevented graver consequences. In cases like tuberculosis or venereal disease, moreover, treatment and prevention tended to become identical.

The PRESIDENT said that it was proposed to extend the enquiry to a city in Denmark. Perhaps this proposal did not sufficiently take into account the efforts being made in Denmark. The system of insurance had met with great success in that country because it dealt with a very large proportion of the population, including the rural population.

Dr. RAJCHMAN said that the passage of the report might be amended as follows : "To extend the enquiry to a district of Denmark". It had seemed that, in the first stage, the enquiry should be made in Copenhagen. He would emphasise, in passing, that the International Labour Office was particularly interested in insurance as applied to rural districts. The enquiry, moreover, might be usefully extended to Belgium.

Professor PITTALUGA explained that, in Spain, compulsory insurance did not exist, but that two important institutions were dealing with it, the National Provident Institution at Madrid and the Provident Fund for Old Age and Sickness at Barcelona. At Barcelona, the Provident Fund did not cover less than 40 per cent of the working population and was doing social work of the first importance. It was advisable to devote a special enquiry to Barcelona.

Dr. RAJCHMAN, replying to Sir George Buchanan, said that obviously, in the plan of enquiry, as clear a definition as possible would be given of what was meant by "prevention". He was glad that Professor Pittaluga had referred to the admirable work which had been done in Spain. It would be necessary later on to give a summary at least of the position in certain towns or certain countries in respect of insurance. He would, however, emphasise the very complicated nature of the question. Very interesting reports had been furnished giving the first results of the enquiry, but these reports were extremely voluminous. The Secretariat desired to proceed methodically and to keep the enquiry within certain limits. All this material would have to be digested before any further step forward could be made. During the first stage, the work would be limited to some ten towns. The time would come when it would be necessary to obtain the views of experts. This point might be discussed when paragraph 6 of the chapter was considered.

Paragraph 4.

Dr. JITTA drew attention to the enquiry into rheumatism. Some months ago, an International Society had been founded for the study of this question, including countries in Europe and America. This society was endeavouring to institute local societies in the various countries. It would be to the mutual advantage of the parties if relations could be established with this society.

Sir George BUCHANAN observed that it was assumed in the report that the method of discovering the amount of rheumatism prevalent in a country was to examine all the records of sickness insurance. A few years ago, this question had been very carefully considered at the British Ministry of Health and large quantities of cards relating to insured persons had been carefully studied. The conclusion had been reached that it was impracticable to attempt to get useful information concerning the prevalence of rheumatism, or concerning the kind of case which was included in the term rheumatism, by relying on analyses of the ordinary diagnosis cards of insured persons as a whole. A new plan had therefore been adopted. Some eighty insurance doctors had been selected, in representative areas all over the country, to keep special records, according to a settled classification, of every case which would normally be reported as "rheumatism". The large and satisfactory sample thus obtained gave results which were analysed in all their bearings, and could be relied upon as applicable to the whole country. The sampling method wanted much planning and visiting from headquarters, but it was worth the trouble. Any study of the use of medical-insurance systems to promote medical knowledge would perhaps be better directed to the possibilities of accurate sampling than to collections of mass statistics. The best doctors in the matter of treatment might be also the best record-keepers, but they often were not.

Dr. RAJCHMAN said he was glad to hear the suggestions of Dr. Jitta and Sir George Buchanan. The Health Section had no intention of undertaking an international enquiry into rheumatism. The report contained a reference to rheumatism only in order to illustrate the way in which the Health Committee might facilitate the work of the national committees already constituted. If the Committee thought that this question should be studied during the enquiry, the Section would get into touch with the International Society in order to avoid overlapping. He would be delighted to be able to discuss with British experts whom Sir George Buchanan would name the experience acquired in England, and to put the Viennese Committee, which was studying the question of rheumatism, in possession of the facts collected in that country.

Paragraph 5.

Dr. CHODZKO asked whether the members of the Committee would be able to receive the report on the financial aspect of social insurance.

Dr. RAJCHMAN replied that it would be difficult to roneograph all these documents. The report would be communicated to those of the members of the Committee who were interested in the question.

Paragraph 6.

Sir George BUCHANAN said he would like to know whether the suggestion about the employment of a small number of experts contained in this paragraph was one for future discussion. He understood that it was a suggestion intended to apply when the Committee would be in possession of the results of the preliminary studies, and that the Committee would be able to discuss the matter with all the necessary information at its disposal. He could not at that moment assent to the proposal without knowing more precisely what the position would be.

Dr. RAJCHMAN said he was entirely in agreement with Sir George Buchanan. It would be premature at that moment to appoint a committee of experts to discuss questions of legislation. It was advisable to adjourn these enquiries until the Health Committee was in a position to discuss in detail the results of the preliminary investigations. It would, nevertheless, be extremely helpful to have a small committee of experts in order to take note of the reports prepared in the different countries and to co-ordinate the progress of the enquiries which were being undertaken in those countries. There were at present in progress investigations at Cologne, Vienna, Budapest, Prague and Warsaw. It was proposed to extend them to Denmark, Basle and Belgium. There would thus be eight centres of enquiry. The proposed Committee would be fairly limited in size and might be constituted on the same basis as the Committee of Child Welfare Health Experts. It would include investigators appointed by the health administrations in order to continue this enquiry, and perhaps one or two specialists particularly interested in the question. For the moment, the sole object was to study the preliminary reports which would be received and to submit precise proposals to the Health Committee.

The Committee referred to in paragraph 6 of the report would have to examine the questions put to it by the Health Committee. Its rôle would therefore be quite different from that of the first Committee, which would have to formulate, in view of the discussions and decisions of the Health Committee, the observations and conclusions emerging from the reports presented on the basis of the preliminary enquiries made in the eight or nine different centres.

If the Health Committee admitted the principle of appointing a Committee of experts of this character, the officers of the Committee might, within the next few months, examine, with the Secretariat, the best method of constituting this Committee and the appointments to be made.

Sir George BUCHANAN said that he thought it might be desirable to get the workers together in a conference as soon as the material was adequate. In his view, the conference should be a meeting of those persons who had been engaged in the work and who could contribute information from the various countries. But if anything like a standing Committee of experts on insurance problems were appointed, this Committee should include members of the Health Committee, who would be able to report to the Health Committee and to keep it in touch with the progress of the work.

Dr. RAJCHMAN stated that, for the moment, all that the Section would do would be to convene a conference of experts. These members would have to meet two or three times in the course of the year.

M. VELGHE associated himself with the suggestion which had just been made. The question, however, was very wide and, in order that this conference should not go astray and lose sight of the object in view, it would be necessary for it to be presided over by the Medical Director or by one of his assistants.

Dr. RAJCHMAN approved in principle the suggestion of M. Velghe. The Secretariat had taken up this enquiry and constituted, in every sense of the word, the technical Secretariat of the conference. Moreover, the experts had always consulted the Section regarding their preliminary enquiries, and he would assure the Committee that they would continue to do so.

M. VELGHE said that literature on this point already existed at the International Labour Office, which was considerably interested in the question. It would be advisable for these two organisations to work together in order to avoid overlapping and in order that each might benefit from the work of the other.

Dr. RAJCHMAN replied that the Secretariat had constituted, with the International Labour Office, a Mixed Committee, which was examining the plan of enquiry. He would point out, in passing, that the note under discussion had been drafted in agreement with the representatives of the International Labour Office. The International Labour Office was convening in 1927 an international conference on questions of sickness insurance, in regard to which it would furnish a fairly detailed collection of documents. The Secretariat had already examined with the International Labour Office the question whether, in the event of certain documents relating to this enquiry being published, it would be advisable that the publication should be made jointly, not only in order to bring the enquiries into harmony but also with a view to economy.

M. VELGHE thanked the Medical Director for having anticipated his wishes.

Dr. MIMBELA emphasised the importance of an international conference. The real object to be achieved consisted in putting the various national legislations into agreement with the principles which would be adopted. In the report to be submitted to the next Assembly, it would be useful to emphasise the importance of the international conference with the object of introducing into the national legislations modifications in conformity with the conclusions attained.

Dr. RAJCHMAN asked Dr. Carozzi whether he could give any information concerning the conference convened by the International Labour Office for May 1927.

Dr. CAROZZI said that, so far, he had only distributed a questionnaire. The documents were in course of preparation.

Dr. RAJCHMAN explained that the International Labour Office had sent an extremely detailed questionnaire. He believed that the Sickness Insurance Service of the International Labour Office was preparing a draft international convention on the subject.

Dr. CAROZZI said he would be happy to forward the questionnaire to the members of the Committee.

International Rabies Conference.

The chapter of the report of the Medical Director on this subject was read (Annex 108, Appendix *d*).

Dr. RAJCHMAN explained that the Secretariat had quite recently received a very detailed report from the British Ministry of Health, for which he cordially thanked Sir George Buchanan. The replies received up to the present constituted already a fairly large file. This was the first time for five years in which so many replies had been received in so short a period. It seemed that this Conference was extremely popular, and that it would be a scientific event of the first importance. As to the date, Dr. Calmette had suggested Monday, April 25th, 1927.

The Secretariat had prepared a draft invitation, which would be examined next week at Paris with Dr. Calmette. If the Health Committee agreed, the bureau would take the final decision in regard to the text of the invitation, and the invitation would be sent without further delay. It was necessary to warn all the delegates as soon as possible, as some of them would come from very distant countries. The expenses of the delegates would be met by their Governments, and the Section would only have to support the expenses of the technical Secretariat, the drafting of the minutes and the documents.

Professor PITTALUGA said that, in the Argentine and Brazil, the directors of the Anti-Rabies Institutes had expressed the liveliest interest in the future Conference. This was also true of the head of the Anti-Rabies Branch of the Health Institute in Madrid, Dr. Ramon Fañanas.

Would it not be possible to arrange for the next session of the Health Committee to be convened before the Conference ? Certain members of the Committee might perhaps have observations to make, not of a strictly scientific character but rather of a statistical character, and these observations might be communicated to the Conference. If the Committee could not meet before the Conference, perhaps these observations might be communicated through the Health Section.

Dr. CARRIÈRE said that the reply of Switzerland was ready and that it merely required the signature of the Rapporteur, who was for the moment absent.

Dr. LUTRARIO emphasised the extreme importance of the Conference, both from a scientific point of view and from the practical and preventive points of view. For several years a disquieting recrudescence of rabies had been noted. In Italy, it was compulsory to notify not only cases of rabies in men and domestic animals but also cases where persons were bitten by suspected dogs. Since 1921, the number of these declarations was as follows :

	Bites	Rabies Cases
1921	3,958	576
1922	5,464	82
1923	7,899	113
1924	8,404	156
1925	9,415	163

The proportion between cases of rabies and the number of bites thus varied each year from 1.4 to 1.6 per cent.

The proposed Conference, therefore, met a necessity of the moment, all the more so as the programme contained extremely interesting questions, such as the problem of vaccination after a bite by a domestic animal, and of the preventive vaccination of dogs, etc. The Italian Health Administration was energetically endeavouring to deal with the present alarming situation. The number of Anti-Rabies Institutes, since the recrudescence of the disease had been noted, had been increased from 16 to 28, a measure which was additional to the veterinary regulations applied throughout the country.

Professor NOCHT thought it was understood that the object of the Conference would be not only to discuss the various methods of vaccination but also to examine the various legislations and measures taken to protect men and animals against rabies. He thought that such an enquiry was very important. In Russia, there was a veritable epidemic of rabies, and steps were indispensable in the neighbouring countries.

Dr. RAJCHMAN replied that the question of legislation was included in the questionnaires sent to the Institutes. Two notes would be prepared : one by the Pasteur Institute, giving a general survey of the present state of knowledge from the scientific point of view, and probably based also on the replies received ; the other by the Secretariat, summarising in a fairly detailed manner all the replies obtained.

Dr. TSURUMI explained that, in Japan, cases of rabies had been fairly frequent up to the present. The Japanese doctors had therefore had many occasions to make scientific investigations into the subject. He hoped that Japan would contribute to the work of the International Conference on Rabies in Paris.

Dr. CHODZKO understood that the question of rabies in general was before the Health Committee, which would examine the resolutions of the Conference.

The PRESIDENT explained that the Conference would obviously be, in the first instance, of a scientific character. If, however, practical proposals were made, the results would be submitted to the Health Committee, which would study them and examine what action should be taken.

International List of the Causes of Death and the Statistical Committee.

The chapter of the report of the Medical Director on the International List of the Causes of Death was read, together with the note on the Statistical Committee (Annex 108, Appendix *e*, and paragraph 11 of Appendix *a*).

Dr. TSURUMI proposed to explain during the session the reply made by the Japanese Government.

Dr. LUTRARIO noted with satisfaction that the Health Committee was studying the question of the appointment of a Committee of statistical experts.

As regarded the International List of the Causes of Death, obvious difficulties prevented any comparison between the data obtained by the various countries. This had been shown recently by the experience of the Cancer Commission. The indications as to the causes of death given on the cards seen by the members of this Commission were very often too general, as, for example, those concerning senility. Such indications were very inconvenient from the point of view of statistical data. Death certificates frequently mentioned chronic pneumonia, whereas the actual disease was tuberculosis. Similarly, on the Italian death certificates, for instance, the indication "arthritism" was frequently given, and such a description gave no exact idea of the disease which had occasioned death. This would be one of the first questions to be submitted to the Committee of experts.

There was a still more important question. In many countries, a large number of certificates, possibly from 50 to 75 per cent of the total number, referred the death to "cause unknown", so that it was impossible to form any idea concerning the instance of certain maladies. The question of the multiple registration of causes of death should accordingly be thoroughly examined by the Committee of experts. It was necessary to make an attempt to eliminate indications which were too general and to emphasise that it was essential to indicate on the certificates both the first cause and the final cause of death.

It would be well for the health administrations to draw the attention of doctors to these two points.

Dr. JITTA believed that all his colleagues agreed with Dr. Lutrario. A revision of the International List of the Causes of Death was indispensable.

Another question arose, which was practical and more particularly diplomatic in character, namely, the question of the collaboration between the Health Committee and the International Institute of Statistics. It was easy to understand why this Institute had not accepted the proposal made to it that it should give its views on the conclusions which the Health Committee and its experts might reach. The Institute claimed the right of itself establishing the International List of the Causes of Death. In 1891, it had discussed the first list, and the list was revised every ten years by a conference which had hitherto been convened by the French Government. Doubtless the Institute had not formerly taken sufficient account of medical considerations, and the medical element had been inadequately represented at its conferences. It proposed, however, in future to modify its procedure. Had the Medical Director any other proposal to make which might bring the various parties into agreement ? The proposal of the Institute for the appointment of a mixed committee, including an equal number of representatives of the Institute and the Health Committee, was open to objection, but it should be possible to find a basis of agreement.

Professor JORGE alluded to the last sentence of the chapter in the report of the Medical Director on the International List of the Causes of Death :

> "In considering this question, it should be borne in mind that many of the problems raised will demand for their solution expert knowledge of medical and pathological terminology rather than of statistical procedure, and that administrative questions of considerable importance are involved."

It must be recognised that the medical and pathological terminology used was very uncertain, and that it had defects not only from the scientific but even from the philological point of view. Doctors tended to retain the ancient vocabulary, which was very often obsolete and sometimes absurd. Thus, the word "typhus" should not be retained in any modern terminology, as it led to regrettable confusions. In short, it was advisable rather to forget the present terminology than to have any thorough acquaintance with it. There were certain terms, even, which it was impossible to define, as, for example, "arthritism".

Another question raised difficulties which were even greater, namely, the question of statistical method and the classification of diseases. Diseases of the throat, for example, were included under diseases of the digestive organs. His colleague Dr. Lutrario had raised the question of the sequence of diseases — in other words, the succession of causes which were responsible for death. In present statistics, the successive causes were arbitrarily disconnected, more particularly in the registration of the causes of death. In short, the medical and pathological terminology would have to be thoroughly readjusted. As to the statistical method, whatever might be the terminology adopted, the critical problem would be to discover methods which would be reasonable and practical.

Sir George BUCHANAN observed that, at the end of the note on the Statistical Committee in the Medical Director's report, it was suggested that the proposed Committee would deal with special questions submitted to it by the Commissions, such as tuberculosis, infant mortality, etc. He doubted if a Statistical Committee were necessary for this purpose. If the Commissions dealt with statistical questions continuously, they had, or should have, statistical experts among their members. If, on the other hand, they merely desired statistical assistance in dealing with occasional questions, they might resort to the experts of the Health Section in the Secretariat or in their own countries. He was not in favour of appointing a specialised Statistical Committee.

Possibly, however, a Statistical Committee might be necessary for the Conference on nomenclature. This Conference would have to consider under what causes deaths should be entered, and also to deal with other very important questions, such as the certification and classification of primary and secondary causes of death. It was possible that it would be necessary to appoint a Statistical Committee for this specific purpose. But it was desirable first to look at the matter from a more general point of view than that of statisticians. It was essential to consider what sort of preparatory work would be required. In this connection would arise the question of the part to be played by the International Institute of Statistics. He had read the correspondence with the Institute, and there was one point on which he did not agree with the Institute, namely, that it had a prescriptive right to deal with the decennial revision of the nomenclature. He could not find any historical basis for this view. Dr. Bertillon had worked on this subject with a special Committee of the Institute, but the work had never been referred to the Institute as to a general Assembly which would have to sanction the conclusions of the Special Committee. On the other hand, there was every reason to avoid friction and to secure the co-operation of the Institute.

He did not think there was any need for haste in the matter. The first stage was to obtain the suggestions put forward in the individual countries in view of the next decennial Conference, and especially the observations of those Governments which were dealing with the subject thoroughly by means of national committees. Considerable progress had already been made in England, where Dr. Stevenson, the medical adviser of the Registrar-General, had carefully examined the existing international nomenclature and submitted observations. Having obtained these observations, the Government proposed to appoint a special committee, on which, for example, the universities and the general practitioners could be represented, together with the registrars of statistics of the three parts of the United Kingdom. This Committee could obtain the aid of authorities in different branches of medicine, as necessary. The British Government might in this way be able next year to present a statement concerning

the modifications which it considered to be essential and suitable for consideration at the Conference. He believed that similar work was being done in France, and observations had already been received from America and Scandinavia. He doubted whether it was possible for the Health Committee to get much further with the preparations for the decennial Conference until the principal countries had submitted their considered views.

He thought that the next stage, after these views had been obtained, would be, not to set up a standing Committee of experts but to convene a small preliminary Conference to consider the suggestions of the Governments and to draw up suggestions for the Conference which would deal finally with the question. He would suggest that the International Institute of Statistics might be invited to nominate half the members of the preliminary Conference.

Dr. RAJCHMAN believed that it was necessary to divide the question into two parts :

(1) International List and relations between the Health Committee and the International Institute of Statistics ;

(2) Utility of appointing a Statistical Committee.

As regarded the list, there was a question of constitutional principle and a question of expediency involved. The position as to the first question was simple. The Health Organisation had decided to have the problem examined, and it was wholly competent to undertake a task of this complexity, at the same time administrative, statistical and medical.

The problem of the collaboration between the Health Committee and the Institute would doubtless frequently arise. He believed that the members of the Committee were unanimous in considering that the method of mixed committees was not the best method. Even with the Institute this method was not very popular, for the very simple reason that the Institute, which was a scientific and technical organisation, had always desired to preserve its independence in face of the Governments and to be able to issue opinions which would be purely scientific and uninfluenced by administrative considerations, whereas, acting with a mixed committee, it would be difficult for the Institute to delimit its responsibilities. He thought that the Health Committee could, on its side, consider problems involving direct communications between the Governments, as being entirely within its own domain, and that it would take the view that, in such a matter, it was impossible for it to act through another body.

To sum up, the Institute desired to preserve its purely scientific character, and the Health Committee to continue its rôle as an organ of collaboration and co-ordination between Governments.

The President of the International Institute of Statistics considered that there were disadvantages in the proposals made to it by the President of the Health Committee and the Medical Director. It therefore seemed that the solution suggested by Sir George Buchanan would be the best, as it would enable them to avoid the appointment of a mixed committee, while it would leave room for an effective collaboration. According to Sir George Buchanan, the complexity of the problem would necessitate its study by national committees composed of various elements, in order that the different parties interested might be included. The question of how these elements were to be grouped was a delicate one. It was evidently preferable to leave the composition of the committee to the responsibility of each of the countries. Following the example of Great Britain, each country might appoint a national committee. When there were a sufficient number of such committees, the essential task of the Health Committee would begin, and would consist in co-ordinating the technical work, in keeping each national committee in touch with what was being done by the others, and in endeavouring not to standardise the enquiries but to co-ordinate the views. After some preparatory work, a preliminary conference might be assembled, to which the Institute would be invited to send such representatives as it thought fit.

As regarded the Committee of experts to be appointed by the Health Committee, two somewhat different questions arose :

(1) Statistical enquiries of a scientific or methodological character. The best illustration of enquiries of this kind was the work of the Statistical Committee attached to the Cancer Commission ;

(2) Statistical questions of a purely administrative character, such as the registration of deaths, etc. All these questions were questions with which the Health Committee had often to deal, and which were entirely different from the first class of questions.

He was entirely in agreement with Sir George Buchanan that it would be very difficult to appoint a standing committee. It would, first of all, be necessary to resort to the competent experts in the various fields, as, for example, Dr. Greenwood, reserving full freedom concerning the choice of persons as well as of the questions to be studied.

For the second group of questions, would it not be very useful to have a standing committee representing the principal statistical bureaux ? The reason for this was simple. The Health Committee frequently had to study these questions of an administrative kind, and this would arise more and more frequently. It was necessary to avoid presenting a report which would not be acceptable to the majority of the principal countries, as in this case the work would be thrown away and the principal object, which was to introduce uniformity in statistics, would not be achieved. The suggestion made to the Committee was the result of the experience of five years. The suggestion was that a Committee should be appointed of five or six members, representing the directors of the statistical bureaux. It should include an American member, an English member, a French member, a German member and an Italian member.

This Committee would be presided over by a highly qualified person, such as Professor Westergaard. It would meet from time to time, as, for example, the Conference on questions of standardisation met, in order to examine the work which had been done, to do some work itself, and to submit to the Health Committee a report and recommendations. A previous examination by this small Committee would enable the Health Committee to judge whether or not it was advisable to proceed with an examination of the question.

How was this preparatory work to be done ? It would be advisable to adopt the method which had been shown by experience to be effective, namely, to entrust this work to the Health Section, which would at its discretion obtain the assistance of a specialist outside.

He was glad that the Committee had approved the work of his collaborators. This work might be continued in the same way as hitherto. The preparatory studies made, either by the Health Section, or by the Health Section in collaboration with an expert outside, or by an expert alone if the question were of a special character, would be submitted to the examination of a group constituted by the directors of the statistical bureaux of the principal countries, to which might be added representatives of some other countries.

As regarded the International List, it would be of advantage to adopt the proposal of Sir George Buchanan and to define it as follows : The Health Committee, by a resolution, would draw the attention of the Governments to the utility of appointing national committees, variously composed, in order to study the problem and to prepare the work of a preliminary conference of the representatives of these committees. The Health Committee would suggest that the Institute should be represented and also participate in the preparatory work.

Professor PITTALUGA thought that the explanations of the Medical Director would be entirely satisfactory to Sir George Buchanan. He would venture to return to the questions which had been raised, particularly by Dr. Lutrario and Professor Jorge, concerning certain deficiencies in the declarations of the causes of death. These questions, to a large extent, involved a problem of medical education and education in diagnosis more than a problem of statistics. It would be necessary to avoid a serious danger. In the desire to modify the list in appearance there was a risk of obtaining the result, contrary to the final object in view, that the doctors, under pressure from the health administrations which desired to obtain more exact declarations, might improvise declarations which did not correspond with their medical convictions. The uncertainties in or lack of declarations would, in appearance, be lessened, but in reality the statistics would be still further falsified. This was not the moment to discuss the question more thoroughly, but it might be useful to mention it in the interests of the future work of the experts.

The PRESIDENT thanked Professor Pittaluga for his observations and asked Dr. Greenwood whether he had any remarks to make.

Dr. GREENWOOD associated himself entirely with the words of the Medical Director. He felt it was his duty to say that the preparatory statistical work done by the Secretariat was in every way remarkable. He was fully of the opinion that it was useless to have a special technical Committee for questions of method. In case of need, it would always be possible to call upon a statistical expert for advice, but it would perhaps be difficult to obtain practical results from a meeting of statisticians. It was preferable to proceed as in the past and to entrust the preparatory work to the Secretariat, with the private assistance of experts who would always be ready to collaborate as best they could. He would especially emphasise the excellent work already done in connection with the very difficult cancer statistics, and would call particular attention to the report concerning those statistics in Japan.

M. VELGHE approved the observations of the Medical Director on the form of the understanding to be established between the Institute and the Health Committee. There was, however, one special point on which he differed, namely, the preparatory Conference. He did not like the idea of convening an international Conference in order to prepare for another international Conference. This preparatory Conference might be replaced by a meeting composed of experts appointed by the Health Committee and of a delegation of the Institute. This procedure would have a twofold advantage :

(1) The work would be easier in a small Committee than in a Conference, which would necessarily include a large number of delegates ;

(2) This solution would doubtless meet the wishes of the Institute, which desired that a Mixed Committee should be appointed.

The Medical Director had emphasised that it was difficult to satisfy the Institute in this particular, but there did not seem to be any objection, when once the work was sufficiently advanced, to calling together for a few days the delegates of the Committee and those of the Institute. Co-operation between the two bodies could not fail to be fruitful and it would be regrettable if they were to work in isolation. It was desirable that, at a suitable moment, the two bodies should get into touch in order to discuss the work done by each of them, examine the proposals to be made and facilitate the work of the Conference. The Conference would have before it simpe and clear proposals concerning the points on which agreement had been reached, and, in respect of the other points, it would be possible to avoid the raising of new and perhaps personal questions.

Before submitting any formal proposal, he would ask the Medical Director and his colleagues to reflect on the observations he had made. These observations were inspired by the wish to obtain an understanding with the International Institute of Statistics.

Sir George BUCHANAN said he agreed with M. Velghe that time should be given for consideration of the proposals which had been put forward. But he would say at once that he had not intended to suggest that a large Conference should be called together in order to prepare the work for the final Conference. He was merely proposing to bring together those who had been dealing with the work in the small number of countries in which the question was being actively taken up. Their function would be to sort out the items which could usefully be taken up as matters for international understanding, to reject proposals which were impracticable and to tell the Governments in advance what to consider. The advantage of a small preliminary Conference of this kind was that it would enable those who had been dealing with the work in all its aspects to exchange views. There would be no difficulty as to their selection, as they would naturally be suggested by the administrations to which application was made. It might be possible, as Dr. Rajchman suggested, also to assemble a group merely representing the chief registration authorities in certain countries. In this case, however, it would be necessary strictly to define the terms of reference.

Dr. RAJCHMAN thought that the observations of Sir George Buchanan and M. Velghe would make it possible to reach a final solution. If the word "meeting" were substituted for the word "Conference", and if the invitations were limited to the representatives of certain national committees, M. Velghe would presumably be satisfied. Secondly, it would perhaps meet the views of Sir George Buchanan if the Committee of the Directors of the Statistical Bureaux were asked to examine the observations of the Governments received by the Secretariat, and to submit their opinions on the subject. Finally, in order to give satisfaction to the Institute, a draft resolution might be prepared by a small Committee composed of M. Velghe, Sir George Buchanan and Dr. Jitta.

Dr. JITTA associated himself with the observations of M. Velghe and the Medical Director. He had never claimed for the Institute the right to prepare a list. He had always considered collaboration between the Institute and the Committee to be useful, and he believed that this collaboration might be realised by means of the procedure which had been suggested.

M. VELGHE asked that the question should not again be discussed until Professor Léon Bernard could be present.

THIRD MEETING.

Held on Friday, October 15th, 1926, at 10.30 a.m.

Present : All the members of the Committee, with the exception of Professor Léon Bernard, Professor Cantacuzène, Dr. Chagas, Surgeon-General Cumming, Dr. Granville and Dr. Alice Hamilton.

246. Absence of Professor Cantacuzène and Dr. Granville from the Session.

The President welcomed Dr. Raynaud, and read the following telegram which he had received from Professor Cantacuzène :

> "Cordial thanks for good wishes contained in your telegram. Ask you to express to my colleagues my feelings of cordial affection."

He also read a letter from Dr. Granville, who regretted that his state of health would prevent him from attending the session. He was sure that his colleagues would authorise him to reply to Dr. Granville, thanking him on behalf of the Committee for the valuable help which he had given to it and expressing the wish that he would make a prompt recovery.

247. Work of the Cancer Commission.

Sir George BUCHANAN, Chairman of the Cancer Commission, read a statement on the work accomplished (see Annex 117).

He added that the progress report itself would be distributed shortly to members of the Committee with the relevant papers in an annex. It contained a unanimous and cordial expression of the thanks of the Commission addressed to Dr. Greenwood, Dr. Deelman, Dr. Wyler, Professor Niceforo, Professor Pittard, Professor Pestalozza, and to the other experts, to Dr. Tomanek, Secretary of the Commission, as well as to Major Edge, Secretary to the Sub-Committee of Statisticians. He was sure that the Committee would associate itself with these sentiments.

He would point out that, to a very large extent, the task of the Commission was a combination of the work of national teams which was carried out without cost to the League. The work, however, had been rendered possible by subventions from the League of Nations, amounting to 30,000 francs last year and 30,000 francs for the current year. The Commission in its report emphasised the great value of certain regional investigations regarding cancer which had been carried out in Switzerland under the direction of Dr. Carrière. For these investigations it had been hitherto possible to allow only a very small subsidy, representing the surplus of the total grant for 1924 and 1925. These investigations were of such value that the Commission ventured to recommend that any available surplus from the 1926 grant should also be devoted to them.

In conclusion, he mentioned that Dr. Greenwood had submitted a memorandum to the expert Sub-Committee giving personal suggestions as to the way in which a more regular publicity might be assured for the work done in respect of cancer. Copies of this memorandum, he understood, had been distributed some time ago to all the members of the Committee. As the problem of publicity was of interest in connection with all the questions dealt with by the Health Committee, the Cancer Commission had abstained from making any observations on it.

The President thanked the Chairman of the Cancer Commission and the experts who had assisted in the work. He observed that the original programme was almost finished, and noted with satisfaction that a programme of enquiry would be drawn up for the future.

Dr. MIMBELA desired to associate his thanks with those of the President. He would like to know whether the Commission was in touch with the Imperial Cancer Research Institute in England. Moreover, Professors Schauta and Wertheim had instituted, in their hospital at Vienna, certain operative methods which had convinced all those who had knowledge of them. Finally, he would emphasise that he himself had noted extraordinary results obtained by deep radiotherapy in cancer of the breast.

Dr. JITTA said he would also like to pay a very sincere tribute to Sir George Buchanan. The members of the Cancer Commission were extremely grateful to him for the work which he had done in co-ordinating the various elements involved, and particularly for the perseverance which he had shown in inspiring with confidence and optimism those who had seemed inclined to hesitate in view of the difficulty of the task.

Dr. CARRIÈRE reminded the Committee that one of the definite objects of the Cancer Commission was to ascertain the authenticity of the regional differences in the mortality arising from cancer. The work done had shown very precisely that those differences in fact existed, and this in itself was a positive result. The cause of this difference, however, was not yet discovered. An endeavour had been made to explain it by racial variation, but the researches had ended in negative results. Nevertheless, attention had been drawn to facts of an exceptional interest and importance, and he would take this occasion to pay a tribute to the remarkable work done by Professors Niceforo and Pittard, which was a valuable contribution to the general knowledge of those who would be able to become acquainted with it.

He would observe that cancer of the digestive system had a still more important significance than cancer of the breast. In his opinion, it was advisable to decide whether it would not be well to continue researches in this direction and to see whether it would not be possible for the investigations which had been undertaken into cancer of the breast and of the uterus to benefit from those researches.

He thanked Sir George Buchanan for having recognised the value of the researches undertaken in Switzerland. He hoped that further financial assistance could be given.

Dr. TSURUMI congratulated Sir George Buchanan. He had, as usual, presented an excellent report, which was a valuable proof of the progress made by the Cancer Commission. He was happy to learn that the communication of Dr. Kusama on the statistics of the mortality of this disease in Japan had been regarded as a valuable contribution to the work of the Cancer Commission.

He would draw special attention in the report of Dr. Kusama to the relation of the mortality from cancer as between men and women.

As would be seen, mortality due to cancer of the digestive organs, including the liver, was much higher among men than among women. If, however, account were taken of mortality from cancer of the genital organs, it would be seen that mortality among men from cancer of the digestive organs, including the liver, was exactly the same as that due among women to cancer in these same organs as well as in the genital organs.

This very curious fact raised the question whether this relation was exclusively characteristic of his country or whether the same phenomenon existed in other countries. According to the observations of some of the professors of medicine in Japan, mortality from cancer of the digestive tube was greater among drunkards. He hoped that the Cancer Commission would also study this subject.

Finally, he ventured to draw attention to the results of experimental research on cancer in Japan. For example, at the Institute which dealt with nutrition at Tokio, Dr. Fujimaki had succeeded in discovering that the formation of cancer was provoked when white rats were fed on food which did not contain A vitamins. In such cases a tumour was formed in the stomach, which was identical both macroscopically and microscopically with cancer. This experiment had been verified by several Japanese investigators.

He thought it would be interesting to make experiments of the same kind in other countries.

Dr. LUTRARIO also thanked the Chairman of the Cancer Commission very warmly ; his tact, knowledge and confidence had enabled all his colleagues to persevere in a task which was somewhat arduous. The Italian group had not been able at the last moment to procure all the necessary documents, but its report was the first which had dealt with future prospects, all the previous reports having been merely retrospective. They had been based on pre-existing material which had not been specially prepared for the purposes of the enquiry.

The Italian report, although provisional, was composed of a general portion (Professor Giardina) and a special portion which included three investigations : the demographic investigation, which covered 12,323 cases of death by cancer ; the hospital investigation, which dealt with nearly 1,000 cases ; and the anatomical and pathological investigation, which

was based on 686 autopsies made in seven anatomical and pathological institutes of the country. There had collaborated in this enquiry : Professor Niceforo on the demographic side, Professor Pestalozza for cancer of the uterus, Professor Fichera for cancer of the breast and Professor Dionisi for the anatomical and pathological aspect.

The demographic enquiry might be divided into three groups of cases. There were 1,475 cases of cancer of the breast, 2,463 cases of cancer of the uterus, and 8,385 cases of other forms of cancer. It was not the purpose of the demographic enquiry to study the relative frequency of cancer. It aimed, on the contrary, at studying the internal nature of the phenomenon, with a view, if possible, to determining its causes as well as the systems of treatment and their results. The demographic report of Professor Niceforo dealt with age, civil status, profession, previous pathological facts, effect of wounds, chronic irritations, scars, and duration of the disease, the progress of which was sometimes more rapid than was generally believed. Nearly 25 per cent of the cases, particularly in cancer of the uterus, developed in between six and twelve months, and many very rapid cases had been noted which had developed in less than six months. The report also examined changes in the seat of the disease, relapses, surgical operations, radioscopical and radiotherapeutical methods of cure and the influences due to heredity, together with abuses of feeding, alcohol and tobacco.

As regarded the hospital enquiry, the report of Professor Pestalozza dealt particularly with cancer of the uterus. This report contained extremely interesting data on the frequency of cancer in relation to civil status. Unmarried women, for example, were much less frequently attacked by cancer of the uterus than married women and widows : only 10 per cent.

This relative immunity existed also for other cancers, which perhaps justified the conclusion that the predisposition to cancer caused by married life and maternity did not appear only in respect of the uterus, owing to local modifications, but might also appear in a general predisposition arising from the modifications which married life and maternity occasioned throughout the whole organism, probably in relation with the endocrine function which underwent modifications (Fichera).

As compared with cancer of the body of the uterus itself, cancer of the cervix showed an extremely high prevalence and this cancer began from the margin of the external os. Dr. Lutrario here gave some very interesting explanations on the alternation of the mucous membranes in this place in order to explain the localisation of the tumour which appeared to begin as an epithelial metaplasia. Childbirth greatly increased the manifestation of epithelial metaplasia, and, therefore, increased the predisposition to the autonomous and disorderly development of epithelial cells. Such growths might be caused by one single childbirth, according to the experience of Professor Pestalozza.

The results of the anatomical and pathological enquiry also appeared to be interesting.

This enquiry had enabled a scale to be drawn up of the frequency of the localisations which, to some extent, was very near the scale established by Bojach, quoted by Best in his very recent treatise on the general pathology of malignant tumours. The Italian scale, however, had an advantage which was lacking in that of Bojach, in that it dealt separately with tumours of the nerve centres and of the organs of sense which occupied the fourth place, whereas in the Bojach scale they were indistinguishable from the other localisations.

The light thrown by this enquiry on the verification of hospital diagnoses was fairly important. As regards women, out of 208 cases diagnosed as cancer in the hospital, only 122 cases were confirmed by the post-mortem examination in the first place and then by a subsequent histological examination. As regards men, out of 266 cases of cancer diagnosed in hospital, post-mortem examination and the subsequent histological examination gave as a final positive result only 175 cases. This proved the difficulties of diagnoses, on the one hand, and the excess errors, on the other hand, which invalidated statistics based exclusively on hospital diagnoses.

Possibly this excess in the number of cases declared might compensate for the number of other cases which passed unobserved, and the diagnosis of which was recorded under the loose denomination of "senile decay" or some other similar expression. The question needed to be thoroughly investigated.

He would point out, in conclusion, that, if the light thrown by the observations made was feeble, those observations gave, on the other hand, fairly important guiding rules which would enable the campaign against this formidable disease to be prosecuted.

Everywhere it was noted that patients resorted to the hospitals when the disease was so far advanced that there was not very much hope of a cure. It was necessary to create among patients a new disposition which would urge them to come for treatment as soon as the first symptoms appeared.

Italy, thanks to the national Government, had made progress by means of various initiatives :

(1) A national federation for the campaign against cancer had been constituted ;

(2) A national institute for the study of cancer had been set up. This institute was liberally endowed, and was already under construction at Milan ;

(3) A decree had just been promulgated whereby a fairly considerable credit would be placed on the budget of the Ministry for the Interior ; this action had been taken on the happy initiative of the Minister himself, M. Federzoni. The object of this credit was to encourage the establishment of centres for an early diagnosis of the disease and for purposes of propaganda.

The PRESIDENT thanked Dr. Lutrario for his statement, and congratulated the Italian Government on the efforts made in the struggle against cancer.

Professor PITTALUGA said that the work of the Cancer Commission was one of the most interesting tasks of the Health Committee. He wondered whether the time had not now come to get into touch with the centres of investigation created in the various countries, especially with the special institutes for the study of cancer, each of which might help, with the local administrative and scientific means at their disposal, to assist in obtaining the necessary information.

Dr. CARRIÈRE insisted on the value of the researches of Professor Fujimaki, to which Dr. Tsurumi had drawn attention. Personally, he had noted in his laboratory that rats which were fed on substances devoid of vitamines were attacked, at the end of a certain time, by hypertrophy of the thyroid gland, accompanied by hæmorrhage. He knew how prudent it was necessary to be before applying to men the results of experiments made on rats. He would merely draw attention to the fact and raise the question whether there existed any connection between those two kinds of research.

In drawing attention to certain galloping forms of cancer, Dr. Lutrario was presumably reckoning the period of less than six months from the moment at which the first observations were made.

Dr. LUTRARIO said that the period of six months had been established from the moment when, according to the patient, the first symptoms had been felt. He had seen several cases of cancer among intelligent persons, who had caused themselves to be examined at the beginning and in whom the disease had developed rapidly, in five or six months.

Sir George BUCHANAN thanked the President and his colleagues for their encouragement to the Commission as well as to the experts and national groups whose work the Commission had co-ordinated.

He would refer to the suggestions made in regard to the possibility of presenting a complete summary of the work done up to that moment. One way of doing this would be to prepare a summary which could be incorporated in Dr. Rajchman's next annual report. As, however, it would be rather long, a special summary might be prepared, on the completion of the present working programme, and submitted to the Committee with the proposals for new work. In making such proposals, the Commission should, he thought, take account of the points which Dr. Mimbela, Dr. Carrière and Dr. Tsurumi had just raised. In this connection, he would reply to Dr. Mimbela that close relation with the Imperial Cancer Research Institute in London was already secured through the British National Committee. As regards the results normally obtained by the ordinary modern surgical operations in cases of cancer of the breast, the information collected in the three countries was practically identical. In over ninety cases out of a hundred of early operation, there had been no sign of recurrence after five years' observation. This represented a success which was not always fully realised by the surgeons themselves and of which it was advisable to inform public opinion.

As regards radiotherapy, one of the annexes to the progress report would give a summary of analyses made by Dr. Lane-Claypon for the British Ministry of Health regarding the results of superficial and deep radium treatment on cancer of the uterus. The results of deep radiotherapy were almost as encouraging as those which the surgeons had obtained in cancer of the breast, but there was the important difference that radiotherapy required an extreme degree of specialisation.

Finally, he thought that the Cancer Commission, in carrying out its programme, should take account of the suggestion made by Professor Pittaluga in regard to contact with other national institutes and administrations dealing with cancer. He would like to see some of these institutes or administrations taking the initiative and presenting to the Commission questions which could only be dealt with by pre-arranged international study.

248. Question of Publicity for the Work of the Health Organisation.

Dr. GREENWOOD, on the invitation of the President, observed that, in a report which was intended solely for a Sub-Commission, it was not possible to raise a general discussion on publicity. He would refer only to that part of the report which was of special interest to himself. At the end of the report reference was made to university publicity, and it was noted that even cultivated circles were ignorant of the interesting work which had been done. Thus, more than twenty years ago Professor Alsted had published the results obtained by his operation, stating that early treatment would enable 75 per cent of cases of cancer among women to be cured. That proportion was now certainly well below the truth. It had been noted in England that even professional surgeons remained extremely prudent.

If a close relation were established between the League of Nations and young doctors, perhaps it would be possible to centralise and to spread a knowledge of all the interesting data. In England, however, there were few young doctors who were interested in statistics, and unfortunately there existed a complete separation between the work of the statisticians and the work of the doctors. It was necessary to excite the interest of the young doctors in this work of analysis and to raise the general level of medical education, beginning with a methodical distribution among the university professors of documents on the work of the technical Commissions. Three professors of the University of Geneva had informed him that, if the German *Seminar* system were employed, it would be possible to increase the knowledge of the doctors and to encourage a continuous interest in the researches undertaken by the Health Organisation.

Dr. RAJCHMAN said that it was extremely difficult to effect a wide distribution of the documents on the work of the Health Organisation. At the beginning, the distribution of documents had been organised on the assumption that the Health Organisation of the League was unknown and that it should therefore endeavour to secure a wide and gratuitous publicity. A list of addresses had been drawn up with the assistance of the members of the Health Committee, each for his own country. This list was at present divided into nine sections: the members of the Health Committee; the members of the Permanent Committee of the Office international d'hygiène publique (30 addresses); the health administrations of the various countries (60); the health administrations of colonies and dependencies (70); medical officers of health in large towns (91); research institutes and Government laboratories (143); universities and medical schools (237); certain medical societies for scientific research (29); and the principal medical reviews (99). In addition, there was a section containing the addresses of certain individuals. Publications of general importance were sent to all those on the list; those of a particular interest only to certain sections. Further, a detailed and complete analysis of the publications issued by the Health Organisation was available in printed form.

Doubtless this system of distribution was inadequate, the more so as great importance was very seldom attached to gratuitous publications. Publicity was indispensable. The only possible publicity was that of the medical reviews, but these were so technical that, in the majority of cases, there was a danger of organising too wide a publicity, and it was necessary to choose with the greatest care such of the work which lent itself to publicity. The only way to do this was to rely on the good will of the members of the Health Committee and of the experts, counting on them to ensure this publicity in their respective countries. It was necessary at once to obtain regular and automatic methodical analyses of the publications of the League of Nations. The first obvious method would consist in making an agreement in each country with the editors of the medical reviews. He thought that it might be possible to offer manuscripts of these publications to publishers, or at least certain of these publications — for example, the volume of Professors Niceforo and Pittard, for which a publisher could very easily have been found.

Professor OTTOLENGHI said that, if the Committee desired the Press to publish analyses, it was necessary to provide it with the right documents ready-made. At present, the League of Nations sent almost everywhere a *Monthly Summary* of all the work accomplished by its services, in which the work of the Health Organisation occupied a limited space. This passage of the *Summary* was fairly regularly reproduced in full in the Italian medical Press and sometimes in the political newspapers. He was certain that critical and more detailed analyses, prepared by the members of the Committee, would be very useful, but he knew from experience that there was often not enough time to write them with the necessary regularity.

The PRESIDENT wondered whether it would not be equally useful to make a summary of the work done during the sessions of the Health Committee. He proposed to entrust the whole question of publicity to the Medical Director.

Dr. RAYNAUD said that, in collaboration with Professor Léon Bernard, he had published on several occasions, in the medical Press and the health reviews, notes on the work of the Health Committee. Would it not be possible for the Secretariat to prepare at the end of each session a short analysis of the work accomplished, which might be translated into several languages and communicated to all the important journals of each country ?

Dr. RAJCHMAN observed that the Information Section gave to the agencies a daily communication during the session. Further, journalists accredited to the League of Nations willingly came for documents in the intervals between the meetings of the Council and the Assembly, but it was extremely difficult to choose subjects likely to interest world public opinion among matters of a very pronounced technical character. He would willingly consent to establish an informal summary of the work done at each session, but, in his opinion, it was preferable for each of the members of the Committee to undertake himself to draw up a summary which would be of a more vital and personal character.

Sir George BUCHANAN agreed with the Medical Director. It was necessary, however, to have a single and authoritative document recording the work done during the sessions, otherwise misunderstandings and regrettable contradictions would arise. It was desirable, no doubt, to consider if better means could be found to bring the expert work of the Committee to the notice of the medical public and to sell more volumes. But it was an old complaint that official publications did not have much sale.

Dr. JITTA said that, when he returned to Holland, he regularly published a summary of the work done during the session and of the report submitted by Dr. Rajchman. This was a fairly considerable task, however brief the summary might be. In his opinion, each of the members of the Committee should get into touch in his own country with a young doctor and communicate to him all the documents which might be of use in drawing up a brief summary.

The PRESIDENT said he agreed with Dr. Rajchman and Sir George Buchanan on the uselessness and the disadvantages of publishing different documents on the work of each session. In his opinion, each of the members of the Committee should, with the help of the Secretariat, take from the minutes such matter as would be likely to interest particularly the medical profession of his country. He would, for example, select the creation of a bureau at Singapore and the establishment by the Health Organisation of a standard for insulin as facts of extreme importance which had for the most part passed unnoticed.

Dr. CHODZKO observed that the best way of getting into touch with the public was to give interviews to the principal newspapers on certain subjects which were likely to interest it. As to the medical public, he thought it should be the duty of the Chairman of the Commissions of the Health Committee to give accounts of their work both in the medical journals and before the medical societies.

Dr. RAJCHMAN said he would, at the next session of the Committee, submit a general scheme of publicity, including a detailed analysis arranged according to subjects, and that he would examine the scheme with each of the members of the Health Committee in order to ascertain what was the best method of organising the necessary publicity in his country.

FOURTH MEETING.

Held on Friday, October 15th, 1926, at 3.30 p.m.

Present : All the members of the Committee with the exception of Professor Léon Bernard, Professor Cantacuzène, Dr. Chagas, Surgeon-General Cumming, Dr. Granville and Dr. Alice Hamilton.

249. Epidemiological Information : Possibilities and Advantages of the Creation of a Centre of Epidemiological Information for the African Continent with its Provisional Seat at Algiers : Report by Dr. Raynaud.

Dr. RAYNAUD introduced his report (Annex 110).

After giving a history of the conditions under which the Health Committee had taken up the question, he emphasised the inadequacy of the information of an epidemiological character which at present reached the various health administrations of Africa, each of which, generally speaking, was unaware of what was happening in the neighbouring countries. He next gave, with the help of maps, information concerning the land, sea and air communications and facilities for communication by cable or by wireless which made Algiers one of the principal centres in Northern Africa.

Air Communications. — Regular services connected Algeria with France and Spain and communications were now established with the south.

Wireless. — Wireless posts were established at each station where aeroplanes landed, and others were scattered throughout Southern Algeria. Last June, certain difficulties had been raised at a meeting of the Health Committee in regard to the reception of wireless messages, principally due to atmospheric disturbances. The multiplication of powerful stations, such as were found at Bamako and at Dakar, etc., would necessitate a staff of experts and considerable expenditure. It was nevertheless possible to improve the present system, which would at once enable Algiers to communicate with certain of the principal stations of Western Africa; attention should, however, be drawn to the interesting investigations at present in progress in wireless telephony by the use of short wave-lengths. This method, which enabled Marseilles to communicate easily with Madagascar, was not very expensive and opened up interesting prospects.

Cables. — Algeria was connected with Europe by some ten cables. In addition, an English cable ran from Bone towards East Africa. There existed a series of cables along the western coast of Africa and an important land system.

Automobile Services. — Several companies were running automobile services connecting, across the Sahara, Southern Algeria with Western and Tropical Africa. Routes had been constructed and were kept in good condition in connection with watering places, and in some districts with hotels, and the security of these routes was assured.

To sum up, thanks to the various systems of communication now existing, the Sahara did not any longer separate Northern Africa from Western Africa, but united the two regions.

Epidemiological Position. — Dr. Raynaud then made certain observations on the progress of various epidemic diseases, which not only accompanied the migrations of the natives but were also penetrating the interior of the country from the coast as the country was opened up to civilisation.

Relapsing Fever. — A very important problem was involved, namely, the transmission by lice of an infection which did not previously exist and which ran the risk of further extension.

Plague. — Cases of plague accompanied the trade from Morocco towards Dakar, and plague had penetrated to the interior.

Yellow Fever. — Endemic centres of this disease existed in Western Africa, and yellow fever seemed to follow the course of the Niger. The natives were not affected but constituted centres of virulent infection.

Malaria. — Malaria was present in Western Africa and to some extent in the north.

Tuberculosis. — Tuberculosis had been introduced into Africa by the Europeans.

Sleeping-Sickness. — The Committee had been furnished with an interesting report on this disease.

Cerebro-spinal Meningitis. — This disease had entered from the coast and had spread to the various States of Western and Equatorial Africa.

Generally speaking, it should be noted that each of the territories of Western, Equatorial and Northern Africa was too much in ignorance of what was happening in the others, and was not safe from infection which might pass from one region to another. Without dictating to the administrations concerned what they should do, it seemed that the object of an organisation like the Health Organisation should be to spread in these districts certain ideas and to urge the various administrations to keep themselves mutually informed of what was happening and of the steps which were being taken. Africa could not, alone among all the continents, be left without any organisation for purposes of information such as would place at its disposal the resources enjoyed by the Health Organisation.

At the conference in Freetown, which had concluded the interchange of health officers in Western Africa, various suggestions had been put forward as to the site of the centre of epidemiological information which might be created. It appeared that the British Colonial administrations, which were at first opposed to the French suggestion, were beginning to realise the advantages which were inherent in it. He would point out that his colleague at Dakar had received requests for information from the British side, and Dakar was now exchanging information with the English colonies in that region.

This was a very important indication, as it showed that special agreements were beginning to be established between the various States of Western Africa. It was advisable to encourage such agreements.

Dr. Raynaud next gave some information on the present organisation of epidemiological information between Tunis, Morocco and Algeria, of which Algeria was the centre, and he drew special attention to the health bulletin of Algeria. Recently a liaison had been established between Algeria and Egypt. It was clear that the present organisation in Northern and Western Africa, which was wholly private in character, could not fail to benefit from the support and the facilities which the League of Nations might give. With the credits which might be put at their disposal, the various Governments would be in a position to begin the publication of bulletins and to send telegrams in cases of serious infection.

In regard to the experiment which he had been asked in June of last year to undertake, he would explain that, during the whole of the summer, owing to the absence of the principal representatives of the administrations concerned, he had not been able to obtain the information which would have enabled him to fulfil this part of the task with which he had been entrusted by the Committee. It was only now that this consultation could take place. The question was whether the Committee still considered that it was advisable to make an experiment. If so, would Algiers be kept as the centre or would another seat be chosen ? Whatever might be the decision of the Health Committee, it was certain that the future organisation must be international, and it would be necessary for the various nationalities represented in Africa to be able to delegate members. His duties would not enable him personally to assume the direction of such a service. If it were desired to create a system involving not only an exchange of epidemiological information, like the Bureau at Singapore, but also a study of tropical diseases, according to the suggestion put forward last June, a supplementary staff would be indispensable.

The PRESIDENT, on behalf of his colleagues, thanked Dr. Raynaud for his statement and for his documents, which would provide a valuable basis for future discussions. He also congratulated the various French administrations on the work they had done and on the results which had already been obtained.

Professor PITTALUGA thought it would be only right to examine in some detail the question dealt with by Dr. Raynaud, not only because he had been in South America and it had been impossible for him to be present at the June session, but also because of his personal knowledge of the African Continent and of the interests of Spain on the coast and in the western islands of Africa.

It would be noted that all those who had considered the necessity of co-ordinating epidemiological information for the African Continent started from a common principle, namely, that an organisation should be founded for the great geographical entity represented by the western coast of Africa. This was the point of departure for the decision taken by the Assembly in 1925, and this same idea had inspired the debates and the conclusions at Freetown, as well as the replies of the majority of the Governments which had been consulted. Only the Belgian Congo and the Government of South Africa had contemplated a Pan-African bureau. The Committee had decided last June to study the possibility of creating a Pan-African information bureau provisionally established at Algiers. If he had been present, he would have insisted that the Bureau should be limited to Western Africa.

Though a reading of the minutes of the seventh session and the report and statement of Dr. Raynaud had possibly modified his views, there nevertheless remained the undeniable fact that Africa consisted of at least five great geographical entities, which were quite distinct :

Northern Africa, consisting of Morocco, Algeria, Tunis, Tripoli and Cirenaica.

Eastern Africa, which included the valley of the Nile, the Great Lakes, and the valley of the Zambesi ;

Western Africa, bounded on the north by the Gambia and the Niger, and including the great rivers of the west ;

South Africa, which was not only a geographical entity but which also had a certain political and social unity ;

Finally, there was Central Africa, which would perhaps disappear as a separate entity when the adjacent regions were organised.

These different regions were distinguished, from the racial point of view, by the development of their civilisation and the degree of intervention by Europeans. It would be necessary at the outset for each of these five great divisions to be organised as a separate unit for the purposes of epidemiological and health information before it was possible to contemplate an organisation which would assemble the data for Africa as a whole.

This conception of an Africa divided into five great regions might serve as the basis for the programme of work of the future provisional bureau. This programme would consist, in the first instance, in encouraging and organising the formation of subsidiary centres, which might give reality to the organisation of a service of epidemiological information in Africa.

The statement of Dr. Raynaud clearly showed not only the importance of the health problem of Africa but also that Algiers was an important nucleus and a great centre of communications ; but though Algiers, owing to its position, was suitable as a centre for important epidemiological observations, it did not necessarily follow that this city should be the final seat of the epidemiological information bureau for the whole of Africa. The statement of Dr. Raynaud had shown the extent and urgency of the problem and how important it was for the present Health Committee to leave precise indications on this subject for the benefit of the Committee which would succeed it next year. The statement had not, however, shown either that the seat of the bureau should be Algiers or that this bureau should be Pan-African.

Nevertheless, he would perhaps be able to support the proposal at present before the Committee, which would be more precisely defined by the limitations and directions to be imposed by the Committee on the organisers and by the various views which might be put forward during the discussion. The creation of a provisional site in any other place presented at least as much difficulty as its creation at Algiers. In particular — and this was a consideration which should inspire the establishment of the programme of the future provisional bureau — this city was the centre of co-ordination not between the various regions of Africa but between a large part of Northern Africa and the Mediterranean basin. It was that which made it really important.

At the June session, it had been proposed to create a centre not only of epidemiological information but also of scientific study. The Health Committee had so many questions of a practical character to settle that it would not be possible to embark anywhere in Africa upon a study of all the African diseases. Even though account were taken of the important institutions existing at Algiers it would be necessary, if it were desired to set on foot work worthy of the high aims of the League of Nations, to make an effort beyond its present resources at least from the budgetary point of view. The plan would have to be confined to establishing a provisional bureau instructed to examine, within a period to be determined, the possibility of creating an epidemiological information bureau principally for Northern and Western Africa, these being the only two parts of Africa which could at once be more or less connected with each other.

The report of Dr. Raynaud had provided information almost entirely concerning the French organisations. The Committee, however, had to undertake international work, and it was necessary to ascertain the facts in regard to the other nations.

The limitation of the efforts to Northern and Western Africa was also a necessary consequence of the limitation of the means at the disposal of the Committee. The organiser of the provisional bureau would have a great deal to do in establishing relations with the fifteen or twenty Governments of Northern and Western Africa. It was impossible to consider Eastern and South Africa, where there already existed scientific and health organisations. Nor was it possible to consider Central Africa or a portion of Eastern Africa which was still partially unknown. The future bureau should encourage the creation of other centres of information within the great geographical units which he had already indicated, endeavouring to make these geographical units coincide with certain political units. From this point of view, perhaps, Tangiers would have seemed to be specially suitable owing to its international position.

To sum up, the work of the bureau would be limited to Northern and Western Africa and would deal strictly with epidemiological information, all scientific research being at the moment eliminated. Only thus would it be possible to collect and to sift precise information on the spot. Finally, one of the essential tasks of the bureau would consist in studying and establishing, according to the methods and the procedure which it considered desirable, epidemiological relations between Africa and the Mediterranean countries. Under these circumstances, and with these reservations, he could associate himself with the views adopted at the June session and with the report of Dr. Raynaud.

He would add that he was authorised to abandon the very vague suggestion with regard to Monrovia (Liberia) as a seat of the bureau, and to accept provisionally Algiers, where the personality of his colleague Dr. Raynaud ensured in advance excellent results.

M. VELGHE feared that some of the observations of Professor Pittaluga had somewhat disconcerted the Committee. Doubtless his colleague was right in recommending the Committee not to go too fast and to limit the work at the beginning. It was necessary, however, not to block future perspectives. The Belgian Congo had asked that the bureau should become a Pan-African bureau. The resolution which would be adopted should place no obstacle in the way of the bureau eventually becoming a Pan-African bureau. The bureau at Algiers should be able to receive and even to solicit assistance. One of its principal tasks would be to induce all the health administrations of Africa, if not to arrive at an immediate arrangement, at least to facilitate a general agreement. Personally, he hoped that one day the bureau would be constituted for the whole of Africa, the question of its final seat being left on one side, to be settled according to the proposals submitted and the necessities of the case.

As regarded the scientific development to be given to the future bureau, Professor Pittaluga had rightly emphasised the difficulty of organising a scientific institute at Algiers for the study of tropical diseases. Events, however, would not move in this way, and such was not the sense of the discussions of last June. The consideration to be kept in mind was that Algiers was well situated between Europe and Africa to serve as a link between the two continents and to facilitate and prepare investigations. It was certain that these investigations would have to be made on the spot so far as the majority of the tropical diseases was concerned. Besides these researches made on the spot, however, an institute might be contemplated for purposes of liaison and information, which would be able to follow the enquiries undertaken and to facilitate discussions of the same kind as those which took place in the Health Committee itself, without its having to move from its headquarters. The bureau at Algiers might also assist in many ways the missions which would be sent into the interior. Being near to Europe, it would be able to place itself at the disposal of the European Governments which desired to organise missions in Tropical Africa, and it would be able regularly to inform the Committee at Geneva of what was being done. He would be glad to hear from Dr. Raynaud his ideas on the organisation of the service which would be created at Algiers.

Professor JORGE said he was glad to place at the disposal of the Medical Director a collection of fifty photographs taken by the Portuguese medical officers who had participated in the West African interchange, together with an annotated map.

Although the Portuguese Government considered that Dakar would be the best centre for the future bureau, the Health Committee had in June last taken a different decision and, in conformity with the suggestions of the majority, the participants in the West African interchange had decided in favour of a Pan-African bureau. There were several possible solutions of the problem, all quite legitimate, and other solutions might be imagined than those formulated by Dr. Raynaud and Professor Pittaluga. Personally, he had recently expressed the opinion that Africa might be divided into three districts on the basis of their maritime relations. These were : the Mediterranean region, with Algiers for a centre ; the Atlantic region, of which the centre might be Dakar ; and the Eastern and Pacific regions, which were already more or less connected with Singapore.

There was, in any case, one essential consideration to be kept in mind, namely, that Central Africa constituted a very important centre from the pathological point of view, and Africa could not be divided into several regions for reasons of a pathological character. The eastern and western colonies of Portugal in Africa had, for example, almost the same pathological system. One factor which should not be forgotten was the migration of the natives, which was particularly active in Western Africa so far as agricultural work was concerned, and towards Eastern Africa so far as the miners were concerned. This movement of population encouraged the propagation of disease.

Doubtless it was impossible to do everything at the start. It would be impossible at present to organise Africa into five regions. It was necessary to be content in the beginning with a provisional centre of information, and it was with this idea in mind that he had participated in the decision of last June. He had voted for Algiers essentially because the man best qualified to undertake the work was in that city. The work done in so short a time by Dr. Raynaud was the best guarantee for the Health Committee of what he would be able to do in the months and years to come.

Sir George BUCHANAN said he hesitated to intervene in the discussion, as he was not yet very well informed on the question. He had assented to the proposals made at short notice in June largely for the same reason as Professor Jorge, namely, because he appreciated the qualities of the man who had been entrusted with the preliminary studies. The only information which he had since received on the question was contained in the documents now before the Committee, particularly the report of Dr. Raynaud, with which he had become acquainted only at the moment of his arrival at Geneva. He had not, therefore, had any opportunity of consulting the competent authorities in his country on the subject.

The problem had an immense importance for Great Britain owing to the numerous British possessions in Africa. The suggestions put forward at Freetown for a West African bureau had been discussed by the British Colonial Office with the various colonial administrations, whose replies had been in the negative. It was necessary, in passing, to emphasise that in Great Britain no pressure was brought to bear by the mother-country on the colonies, and that the mother-country referred such matters to the colonies and to their health experts. The colonial administrations were quite aware of the importance of obtaining information about epidemics and of keeping in touch with the neighbouring administrations. In the unanimous view of these administrations, however, a bureau such as the one proposed would not be practicable.

If this view were taken as regarded a West African bureau, it seemed to apply to the other bureaux suggested. To begin with, there could be no question of the bureau being necessary for co-ordinating scientific research. The place for such a centre was not in Africa but in Europe. Thus, for sleeping-sickness, the Conference to organise the work had met in London and might just as well have been held in Paris or Berlin, where there were important institutes of tropical medicine. Secondly, he was quite unconvinced, from the facts so far given, of the practical utility of a bureau of information for this continent as a whole, or for any special parts of it. He thought that the purposes to be achieved were being obscured by the study of the methods of communication which had been mentioned. He had been much more impressed by the part of Dr. Raynaud's statement concerning agreements between neighbouring administrations. It was extremely advisable that the various administrations concerned should agree among themselves to warn one another in the event of there being danger of an epidemic.

The Committee might do useful work by encouraging greater action in this direction. Co-operation of this kind already existed in part and was tending to improve. It was more important to bring to perfection existing facilities than to try to create a vast and uncertain system of "intelligence" with an embryonic organisation, across immense distances. He would be inclined to favour the appointment of a small and highly qualified committee, with Dr. Raynaud as Chairman or Rapporteur, in order to enquire into the methods of improving co-operation between neighbouring countries. On the other hand, he was not in favour of a Pan-African bureau or even of a bureau for a certain part of Africa. In view of the opinion already expressed by the British colonies in Africa, he would be obliged, as a practical matter, to oppose the idea of establishing, even provisionally, a branch of the Epidemiological Intelligence Service either at Algiers or elsewhere.

Dr. LUTRARIO congratulated Dr. Raynaud on his statement. Personally, he would view with the greatest sympathy the creation of this new centre, but he must reserve his opinion, since the Italian Government, whose important interests in Africa were well known, had not yet taken a decision and had not sent him any instructions. With this reservation, he believed that the new centre should be constituted on the model of the bureau at Singapore, which was well conceived. For this reason, he had been glad to hear Dr. Raynaud say that the various countries should be represented on the proposed body, as this could not fail to develop a spirit of collaboration which should lie at the basis of such an institution.

Although the proposal was to make a limited experiment, he had the impression that the budgetary estimates suggested by Dr. Raynaud in his report were on the moderate side, particularly if the budget of the Bureau at Singapore were considered. It would be difficult for the medical officer who would be at the head of the small proposed organisation to accept a salary of 15,000 French francs. From the outset, the experiment should be of a character to inspire confidence in the proposed object.

Sir George BUCHANAN, completing his previous observations, said that the opinion which he had expressed was given in the present circumstances, and in view of the opinions expressed on the British side after the conference of Freetown. New factors might, of course, appear, which would modify his opinion, but he suggested that, for the moment, it would be well to leave the question on one side and not to take an immediate decision. For this there were two special reasons :

(1) The report of Dr. Raynaud had not yet been examined by the authorities concerned, *e.g.*, in Great Britain, or by the interested British colonial administrations ;

(2) A discussion was about to take place in Paris which might throw light on the advantages of regional bureaux for the purposes of the International Sanitary Convention.

For these two reasons, it would suffice for the Committee to receive and note the report of Dr. Raynaud without any resolution being adopted.

Dr. RAJCHMAN said that he would not speak on the substance of the question which did not come within his province. He would merely remind the Committee of the position so far as the procedure was concerned.

Last year, the Assembly, at its sixth ordinary session, on the initiative of the French delegation, decided that an enquiry should be undertaken on the advisability of setting up for the West Coast of Africa a bureau of epidemiological information similar to the Bureau at Singapore. The Council referred the question to the Health Committee for advice and report. The Health Committee, after a preliminary examination in October 1925, advised the Council in favour of the following procedure :

(1) The Committee, in view of the utility of ascertaining the opinion of the Governments concerned, asked that the Council should authorise the Secretary-General to address a circular letter to the Governments with possessions in Africa. This was actually done.

(2) The Committee recommended that the question should be examined at the final conference of the West African interchange, and that an official of the Health Section, accompanying this interchange, should submit a report on the question.

In June last, the Committee received a provisional report from Dr. Destouches, explaining generally the views expressed in Freetown. The official opinions which came in later agreed with those expressed at Freetown.

The Health Committee had realised the difficulty, even if the principle of the creation of a health bureau were adopted, of choosing a locality or a definite region as the seat of the bureau, owing to the divergence of opinion on this point. The Committee accordingly asked Dr. Raynaud to make a preliminary experiment, so that he might be able to say at the present session whether, on the basis of this experiment, it would be possible to create a provisional centre at Algiers.

The present proposal was therefore the following :

From the opinions hitherto received from the Governments, it appeared that there was a fundamental divergence of view, even in regard to the principle of the proposal. On the other hand, Dr. Raynaud had explained why it had not yet been possible for him to carry out that portion of his instructions which referred to the experiment to be undertaken. As regarded the present report by Dr. Raynaud, it was to be noted that the very important information hitherto collected by him dealt principally with the French territories of Africa. He had not yet been able to obtain equally abundant information for the other African territories. Dr. Raynaud's ta k, if only for that reason, was not yet completed. Even after he had collected complete information, he would still have to deal with the second and most important part of his task, namely, the practical experiment, and the Health Committee was not yet in a position to give the Council any advice on the proposal which had been referred to it.

Doubtless, as Sir George Buchanan had observed, the whole question of epidemiological information, and particularly that of regional bureaux, would be discussed next week at Paris, but it would be discussed by the Office international and not by the Health Committee. The Health Committee had received instructions from the Council to give an opinion. It had not yet itself decided to ask its own Advisory Committee for an opinion, and it was for the Health Committee, as constituted, to give to the Council an opinion on the subject.

Moreover, Sir George Buchanan did not think it would serve any useful purpose to collect indefinite information in regard to widely scattered territory. On the other hand, there would be a great advantage in obtaining more precise information from the various health administrations. Sir George Buchanan had noted with satisfaction the exchange of views which had taken place between the British and French colonies of Western Africa, and was of opinion that it was advisable perhaps to let the matter rest there for the moment. This was a very important observation. Dr. Rajchman thought that one of the essential tasks of the centre to be established, whatever might be its seat, would be to facilitate by every means at its disposal exchanges of observations and information of this character. It was clear, moreover, that the exchanges of views and information to which Dr. Raynaud had alluded did not constitute an international system. It merely covered relations between neighbouring health administrations.

He thought that the proposed experiment was all the more indispensable, before the Committee issued a final opinion, since there were divergences of view within the Committee itself as to the portions of Africa with which the bureau would deal. The division suggested by Professor Pittaluga involved arbitrary limitations. It might be asked whether, when the experiment began, Dr. Raynaud might not realise that it was necessary rather to consider epidemiological divisions according to the indications furnished by experience.

To sum up, it seemed that the procedure required that the Health Committee should submit an opinion and that it would be very difficult to do so at the present stage. If the Committee wished to be able to present a clear recommendation to the Council, it would be prudent to ask Dr. Raynaud whether he would continue his enquiries, make the proposed experiment, and at the next session submit to the Committee the results obtained.

Professor PITTALUGA, replying to M. Velghe, said he thought, without losing sight of the great ideal at which the efforts of the Committee were aimed, that it was prudent at the beginning to proceed step by step.

Secondly, the Medical Director had shown quite imperatively that the Committee could and must for the moment limit its enquiries to an experiment which was already in the hands of Dr. Raynaud.

The question of the future scientific development of the proposed bureau seemed to be settled by the observations of M. Velghe. He himself had not meant to say that the results obtained and the methods to be followed in collecting and publishing them should not be scientific. To some extent there ought perhaps to be scientific commentaries, which might be useful for the guidance of the African administrations which would be in touch with the future centre. He had merely meant that there could be no idea of a centre of scientific research. This being so, he believed that there was unanimous agreement on this point in the Committee.

The observations of Sir George Buchanan were to be borne in mind in the sense that the question must not be allowed to drop out of consideration, but the procedure decided upon should be enabled to achieve its object — in other words, the results of the experiment to be undertaken by Dr. Raynaud should be awaited.

To sum up, Professor Pittaluga thought that all the members of the Committee were practically in agreement. The bureau of the Committee might be entrusted to prepare a draft resolution. This resolution would be merely a confirmation of the decision of last June, account being taken of the observations which had been made, and which would be included in the Minutes as a basis for the future action of the Committee.

The best guarantee rested in the choice of the man appointed to make the experiment ; his well-known tact would give the Committee the assurance that, in the execution of his task, account would be taken of all the various shades of opinion expressed in the discussion which had just taken place.

Dr. RAYNAUD thanked his colleagues for their flattering tribute and said he would like to reply to some of their remarks.

As regarded the regional centres, he himself, before drafting his report, had not been unaware of the diversity of the regions of Africa. If, however, he had felt it necessary to propose the creation of five or six distinct centres, this would have meant postponing the whole question to an indefinite date, and, moreover, he would not in that case have been carrying out his instructions.

He would point out that, after the June session, the Governor of French West Africa, whom he had informed of the decisions of the Committee, had assented to the choice of Algiers as a provisional centre. The letter from M. Audibert (Annex III), which was subsequent to this event, showed, however, that the French Government maintained its preference for Dakar. Even on the French side, therefore, there were still different shades of opinion, and it appeared that France seemed to be in favour of regional organisations. In brief, the question was not quite clear, and, as the Medical Director had said, it was advisable to continue the investigations.

To the question raised by M. Velghe, he had replied in advance in Chapter XIII of his report. It was clear that the work to be undertaken at Algiers would not resemble that which was done in Europe and elsewhere. In the bulletins which were contemplated, he would willingly see, beside the epidemiological information, information on the organisation of health and health expenditure, accounts of the works which had appeared in Africa, etc.

It would be useful for him to have an assistant to help in analysing all that had been published in this way.

He thanked Professor Jorge for his kind words and was glad to see that his Portuguese and British colleagues were prepared to support the present scheme if new arguments should modify the views of certain Governments. His report and the Minutes of the present discussion would perhaps contribute to such a change of views.

He was glad that Dr. Lutrario considered that the budgetary estimates suggested in the report were very modest. He would point out that these estimates did not cover the salary of, but an allowance for, the medical officer whose assistance would be indispensable to him. Without being able to assume the whole burden of the work, he would be in a position to supervise it and to give directions.

The observations of the Medical Director seemed to him very judicious. If the Committee agreed, he would willingly consent to carry out the proposed experiment. He would ask for provisional credits to enable him to have an assistant, and he would agree with the bureau of the Committee as to the amount which might be made available.

Sir George BUCHANAN said that he largely agreed with the Medical Director. He would however, like to be clear as to what was understood by "continuing the experiment". Experience in the Health Committee had often shown that the time to take a decision was when a proposal was represented as provisional or temporary, and not later on. For this reason, it was well to be clear as to what it was proposed to do. The experiment might be contemplated in two different ways :

(1) It might consist in studying the possibility of creating for Africa a provisional branch of the Epidemiological Information Service. In this case, the representative of the Committee, on behalf of the League of Nations and with the authority of the Committee, would enter into the necessary relations with the health administrations concerned. In that case, it would almost necessarily follow that the enquiry was intended to result, if possible, in the establishment of a branch bureau of epidemiological information, receiving subsidies from certain countries, from the Assembly and from the Rockefeller Foundation.

(2) A simpler solution, in order to meet the wishes expressed by his colleagues, and one which could more easily be accepted, was that Dr. Raynaud should be asked to continue as Rapporteur of the Committee for this question. As Rapporteur, he could obtain information from other health administrations in order to place it before the Committee. As Rapporteur also, he would receive a subsidy for the necessary extra work involved in his own office at Algiers, to be carried out by his own staff,for which he, and not the League of Nations, would be responsible. There would be no question of his office being experimentally termed a provisional branch epidemiological bureau of the League. There would be no decision taken to establish, even provisionally, an African bureau or any other intelligence bureau at Algiers. He could associate himself with this second interpretation, but he was sure that a more ambitious enterprise would call forth serious objections.

Dr. RAJCHMAN said he was entirely in agreement with the spirit of the second solution suggested by Sir George Buchanan, which was, moreover, in conformity with the June decisions, and he thought that Dr. Raynaud would also be in agreement with it. It was in no way proposed to prejudge at this moment the question of any particular bureau or any particular locality but merely to make a practical experiment. He would make one reservation concerning the remarks of Sir George Buchanan. Dr. Raynaud had said that he could not make this experiment with his present staff, and had asked for an assistant, who would remain under his own direction and not under the direction of the League of Nations, in the same way as a member of the Cancer Commission or the Malaria Commission might ask for the help of an assistant and the grant of a subsidy.

Dr. RAYNAUD agreed. He was asking that a subsidy should be granted which would enable him to obtain supplementary staff.

The PRESIDENT said he thought that all his colleagues had agreed to accept the proposals of the Medical Director.

Sir George BUCHANAN asked whether it was proposed that the Committee should adopt a resolution on the subject.

Dr. RAJCHMAN suggested that Dr. Raynaud should merely be invited to establish his report in conformity with the June decisions.

Sir George BUCHANAN said that the explanations of the Medical Director as recorded in the Minutes would no doubt be a sufficient indication for Dr. Raynaud.

Dr. RAYNAUD said he thought that a resolution was unnecessary. He would come to an agreement with the bureau of the Health Committee. He would ask his colleagues to acquaint their respective administrations with the object pursued and the methods contemplated, in order that the carrying-out of the experiment might be facilitated.

FIFTH MEETING.

Held on Saturday, October 16th, 1926, at 10 a.m.

Present : All the members of the Committee with the exception of Professor Léon Bernard, Professor Cantacuzène, Dr. Chagas, Surgeon-General Cumming, Dr. Granville and Dr. Alice Hamilton.

250. Work of the Malaria Commission.

Dr. LUTRARIO (Chairman of the Malaria Commission) said that the Commission had only just finished its work, so that its report, together with the report of the Drafting Committee on the tour which it had just made, had not yet been completed. He would therefore confine himself to a short summary.

The tour in Sicily had lasted from September 27th to October 7th. The Commission had everywhere met with a cordial and deferential reception, and the local authorities had vied with one another in facilitating its enquiries. The remarkable report of Professor Marchoux had not yet been discussed by the Commission, but, pending discussion, he would like to thank its author very cordially.

Sicily occupied in Italy the third place among districts which were subject to malaria, coming after Sardinia and the Basilicate. Its area was some 25,000 square kilometers and it had 4,200,000 inhabitants. The malaria districts covered 10,000 square kilometers, or about 38 per cent of the island. The causes of this state of affairs were complex, being natural, artificial and social. The territory was fairly mountainous, and the mountain ranges were intersected by narrow and numerous valleys and gorges. The plains were extremely confined, and the trees had been extensively cut down. There were few rivers, and the watercourses were generally in the nature of torrents. Clay and marl predominated and rendered the earth less capable of absorbing moisture and led therefore to stagnant water. The atmospheric precipitations were not abundant, a fact which compelled the farmers to institute a system of open irrigation and to dig canals and basins which became breeding grounds for the mosquitoes. Finally, from the social point of view, Sicily had not until recently enjoyed the progress made in health matters and social well-being to the same extent as the rest of Italy. Major "improvement measures" were inadequate to settle the problem. They could only apply to 36,000 hectares, which was a limited area in comparison with the million hectares subject to malaria. The problem was rather one of minor "improvement measures".

The tour had begun at Palermo with a meeting at the prefecture and a lecture by Professor Manfredi. He had himself given a lecture on the work of the League of Nations and of the Health Committee. The Commission had visited the great reclamation works carried out at Mondello. This spot was covered with large marshes, where the water from the mountains came down and constituted a continuous source of malaria. As a result of the construction of an encircling canal and of important terracing works, not a single case of malaria had been noted for thirty years, and the search for the larvæ of mosquitoes carried out by the members of the Commission had had negative results. For the rural and economic restoration of the island, the military engineers had undertaken important reafforestation works, works for the strengthening of the banks of watercourses and the construction of galleries to act as filters and of canals and artificial lakes. An example of an undertaking on a large scale which had been completely successful was the artificial lake of Piana dei Greci. The waters of the high valley of the Belice, imprisoned by a great dam, at present formed an artificial lake, which was able to furnish from 12,000 to 24,000 kilowatts of electrical energy and nearly 1,000 litres of water per second for irrigation in enclosed pipes. This little river, which formerly was spreading malaria down to its mouth had been transformed into a source of wealth and prosperity. The luxurious vegetation of orange and lemon-groves justified the name of the "Shell of Gold" which was given to the region watered in part from this lake. The improvements effected along the course of the river Oreto had also given striking results. Professor Swellengrebel had not been able to discover a single larva.

At Palermo, the Commission had visited a school in which the principles of practical hygiene were described to the teachers. This teaching had the greatest practical importance in that it enabled the minds of the new generation to be formed, for, hitherto, the lack of individual co-operation and of a spirit of responsibility had been one of the most important factors which had delayed the victory against malaria.

In the mining regions of the centre of the island the situation was complicated by the industrial conditions and the lack of comfort among the working population. The mine-owners' syndicate had done very successful work, and at present it was no longer possible to meet with the deplorable type of *caruso* immortalised by Nino Martoglio. One no longer saw these poor workers issuing from the sulphur galleries bent under the weight of their burden and running with sweat. Human porterage had disappeared, ankylostomiasis and tuberculosis had decreased. The distribution of quinine and the minor "improvement measures" carried out in the lower galleries of the mines and in the neighbouring watercourses had achieved excellent results. There were now 23 permanent dispensaries and 22 distributing stations for quinine, with 22 practising doctors, 2 assistant doctors and 31 orderlies under the direction of Dr. di Giovanni, the untiring and enlightened pioneer in the struggle against malaria. The annual number of workers under medical attention was from 8,000 to 9,000.

In the province of Catania, the Commission had heard an impressive lecture by Professor di Mattei and had visited the Lentini marshes, the reclamation of which has nearly been completed. Owing to the new system of agriculture introduced into the region, malaria had decreased to a considerable extent. The Commission had visited in this region the Rockefeller Station, which was one among twenty-two which would soon be working throughout the country. In this connection, he would express the profound gratitude of his country for a work so highly enlightened and beneficent which was going forward under the control and the direction of the health administration of the country. In the destruction of larvæ this station had made encouraging experiments with Paris green, which was a compound of copper and arsenic acetate. Finally, near Syracuse, the Commission had visited the improvement works on the river Anapo, which affected 10,000 hectares. The filling-in of low ground and the cutting of more regular river-banks had been perfectly successful.

As a whole, the visit had been most instructive. Considerable progress had certainly been achieved in Sicily. Mortality from malaria had decreased by 81 per cent. In 1887, the death rate from malaria was 174 per 100,000 inhabitants. This figure had fallen to 19 in 1923.

Another favourable sign was the extreme vitality of the population. The birth rate was extremely high. The population, which had amounted to 1,000,000 a century ago and 2,000,000 at the date of the Union of Italy, now amounted to 4,200,000.

The period through which the country was at present passing was characterised by an impulsive energy which attacked the hardest problems, under the urgent direction of the Government. A very important law had been passed two years ago embodying a full programme of improvements, which included not only the hydraulic reclamation of the plains and valleys but a systematic organisation of the mountain basins and the application on a very large scale of minor "improvement measures" and land reclamation. Another law provided facilities for the construction of hygienic rural houses. Finally, a recent law had carried out a reform in decentralisation, giving to each region a supervisor of public works (*provveditore*). During the first year, one million lire had been devoted to minor "improvement measures" in Sicily out of thirty-five million lire to be spread over ten years.

Professor Nocht had made a tour in the Kingdom of the Serbs, Croats and Slovenes, in regard to which he would submit a memorandum.

The attention of the Commission had been drawn to the subject of malariological courses. He would remind the Committee that two types of courses had been planned, one for young doctors and the other which would enable malariologists to make practical studies. This year the first type of course had been tried. Forty-nine doctors, belonging to twenty different nationalities, had followed these courses in Paris, London and Hamburg. At the end of the course, the majority of them had passed some time in anti-malaria stations in Corsica, Italy, Spain and the Kingdom of the Serbs, Croats and Slovenes. The Commission for the moment confined itself to recommending that this practice be continued. A note by Professor Brumpt and Dr. Andrew Balfour emphasised the excellence of the results obtained. It was desirable that the hospital work should be developed and that the theoretical courses should always be followed by a prolonged practical study.

He next summarised the experiments made in Italy and Spain on the question of river deltas and briefly referred to other experiments on the relation between malaria and climatic and weather conditions. He added, in conclusion, that Professor Swellengrebel had submitted a short note on the position of the Dutch lowlands.

The studies of Professor Marchoux on the development of fever outside the districts in which malaria was endemic were being continued, as well as the experiments on the products to be used in addition to quinine. He had, during the previous session, given a brief account of the important experiments dealing with the secondary alkaloids which were being made in five different countries.

It was unnecessary to emphasise the exceptional gravity of malaria. Recent statistics compiled by Dr. Andrew Balfour gave the annual figure for the whole world of two million deaths, and the authority of Dr. Balfour was a guarantee that this figure was fairly correct. The death rate being from three to four deaths per thousand cases, it followed that there must be 650,000,000 people suffering from malaria, or a third of the human race. Though this figure might appear to be fantastic and paradoxical, it should be remembered in considering the overwhelming inadequacy of the present resources of quinine. Taking a yearly average of forty grammes of quinine per patient, 26,000 tons per annum would be necessary. It was urgent that an international conference should be called in order to examine methods of considerably intensifying the production. The State factory working in Italy produced 50 tons, which was sufficient for the country. The Government had further taken a lease for ninety-nine years in order to make plantations of cinchona-trees over an area of 1,720 hectares at Java. Important experiments had also been tried in Erythrea in the cultivation of cinchona.

At the previous session, the Malaria Commission had expressed a desire to study the derivatives of cuprein and hydroquinine. He would ask Dr. Mimbela to furnish some samples of *Remigia pedunculata*. It seemed that these two remedies had a much more pronounced efficacy against malaria than quinine, and that it might be possible to obtain the sterilisation of malaria patients through a complete disappearance of the gametes.

The Commission had done a great deal of work, and, if it had not achieved definite results, it had at least been able to prepare the ground. He would draw the attention of the Health Committee to Dr. Biraud and M. Mage, who had assisted the Commission during the tour. Their devotion and their conscientiousness and zeal had greatly facilitated the studies of the Commission, and he was happy to recommend them to the kind consideration of the Committee.

He submitted the following resolution :

"The Health Committee decides :

"1. To extend the study tours of the Malaria Commission to some extra-European countries where malaria prevails, notably the southern section of the United States of America.

"2. To continue the studies undertaken by the Commission and by certain of its members on :

"(*a*) The problem of deltas (already begun on the deltas of the Danube, the Ebro and the Pô) ;

"(*b*) The major sanitary measures, such as those carried out in Italy and Holland ;

"(*c*) Certain laboratory problems ;

"(*d*) The relation between certain meteorological conditions and the prevalence of malaria.

"3. To continue the study of the secondary alkaloids of cinchona, as well as of hydroquinine and cuprein derivatives, in order to collect material for an international conference on this subject during 1927.

"4. To repeat in 1927 the organisation of malaria courses, such as were held this year in the Institutes of Tropical Medicine at Hamburg, London and Paris, and to continue the practical stage in countries where malaria prevails."

The PRESIDENT thanked Dr. Lutrario and congratulated him, as well as the members of the Commission, on the important and considerable work which they had done in so short a time. On behalf of the Committee, he congratulated the Italian Health Administration, which had achieved rapid and surprising progress, particularly in Sicily. The thanks of the Committee were also due to the experts who had given their assistance, particularly Professor Marchoux, and the members of the Secretariat. The Health Committee particularly appreciated the cordial welcome of the Italian Government and the extensive facilities which it had accorded.

Professor NOCHT thought he was speaking on behalf of all the members of the Malaria Commission in expressing his profound gratitude to Dr. Lutrario, its Chairman, not only for the very precise report which he had submitted on the work done but also for the way in which he had directed and organised this work, particularly the last tour in Sicily. This tour had been extremely agreeable and interesting and had supplemented in a very timely manner the experiments and views of the members of the Commission. The kind welcome and generous hospitality of the Governmental and communal authorities, of the Italian doctors and the directors of industrial and agricultural establishments in Sicily were due not only to the well-known natural kindness and hospitable traditions of the Sicilians but especially and to a great extent to the preparatory work and the care of the Chairman, who, unhappily, had only been able to accompany the Commission during the first days of the tour.

Dr. LUTRARIO said he deeply regretted that he had been unable to participate in the tour up to its conclusion in consequence of a very painful bereavement. He cordially thanked the Commission for the sympathy which it had shown to him and for the way in which it had associated itself with his loss.

Dr. RAJCHMAN submitted some amendments of form to the draft resolution, *which was adopted in the following form :*

"The Health Committee decides :

"1. To extend the study tours of the Malaria Commission to some extra-European countries where malaria prevails, postponing to a future date the selection of those countries to be studied in 1927.

"2. To continue the studies undertaken by the Commission and by certain of its members on :

"(*a*) The problem of deltas (already begun on the deltas of the Danube, the Ebro and the Pô) ;

"(*b*) The effect of major sanitary measures, especially in Italy and Holland ;

"(*c*) The laboratory problems described in the resolutions adopted by the Committee during the October 1925 session ;

"(*d*) The relations between certain meteorological conditions and the prevalence of malaria.

"3. To continue the study of the secondary alkaloids of cinchona, as well as of hydroquinine and cuprein derivatives, in order to complete the preparatory measures for an international conference on this subject.

"4. To repeat in 1927 the malaria courses at the Institutes of Tropical Medicine at Hamburg, London and Paris, followed by the practical stage in countries where malaria prevails."

251. Work of the Smallpox and Vaccination Commission.

Professor JORGE (Chairman of the Commission) read a note (Annex 114) on the results of the enquiry which the Committee had decided to undertake in January 1926 on cases of encephalitis after vaccination.

A case observed in Germany had been brought to his attention. Encephalitis had appeared two days after inoculation. In these circumstances, it could not be attributed to the vaccination. This observation must also be applied to the statistics hitherto collected. Thus the English statistics gave two cases which had occurred two days after vaccination and two cases which had occurred four days after vaccination. Evidently cases of this kind must not be regarded as being on the same footing as those which had come to light twelve days after vaccination. There also existed cases where the disease had appeared later and in regard to which the same question arose. Dr. Raynaud had informed him that the Society of Medicine at Algiers had discussed the question of the virulence of the vaccine, and Professor Sergent had said that there had occurred to his knowledge a case followed by death. At the same meeting, a doctor had submitted a report on two cases of encephalitis following vaccination. Dr. Jitta had declared that the Dutch series was continuing and that he would show a diagram. This series went further back than the English series. The British Commission presided over by Sir F. Andrewes had obtained some interesting information, much of which had now found its way into medical journals. He referred to the publications of Mackintosh and others. He understood that the Vaccination Commission was entirely at liberty to quote from this report.

Researches had been carried out at The Hague in order to estimate the degree of activity of the lymph. A special effort was made to avoid using lymphs which were particularly potent and which might cause very violent local reactions and even gangrene. Four methods of valuation were used, the comparative reading of which was a fairly complicated matter.

Dr. JITTA said he did not claim to add anything to the statement of the Chairman of the Commission. As, however, his country had the melancholy privilege of furnishing a certain number of cases of encephalitis following vaccination, he would give some supplementary explanations. Dr. Bouwdyk Bastianse, Dr. Byl and Dr. Terburgh had described specially observed cases. Cases of encephalitis had been noted particularly in small communes, in some cases adjacent to one another, and several cases had even been noted in the same commune. The lymph used came from three different sources. Twelve calves had been used, and the original lymph was either of Dutch or foreign origin. The number of cases of encephalitis was not proportional to the number of vaccinations made. It had been possible to cause encephalitis by inoculating with lymph the brain of a rabbit. There had also been found in the brain of inoculated rabbits a virus which might be identified with the neuro-vaccine of Levaditi. It had not been possible to cause encephalitis in rabbits by inoculating with the neuro-vaccine the skin, the cornea or the testicles. On the contrary, no other virus had been found except that of the vaccine.

The series of cases of encephalitis had been particularly important in 1925, when thirty-nine cases had been noted, twenty-two of which had occurred in March. From July 1925 to January 1926, twenty-three cases had been noted. The experimenters attached a certain value to the coincidence between cases of encephalitis following vaccination and sleepy sickness, the culminating point of which was noted at the end of the winter and in March. Generally speaking, there was an impression that the epidemic was tending to decrease.

Dr. TSURUMI said that the Health Bureau of Japan had addressed an official letter to the health authorities of the prefectures and to medical practitioners, asking for information on this disease. He would communicate the results of this enquiry as soon as he had received them.

As to the study of the methods used by the official institutes and other establishments under State control for the preparation, examination, distribution and use of the lymph, he would like to know whether the Medical Director had already received a reply from the two Institutes of Japan. This reply had been sent some time ago.

Dr. RAJCHMAN said that the Section had received a reply from Poland. A commission had been appointed and was beginning its enquiry. The Section had also received a very detailed reply from Japan and also a reply from Dr. Gordon.

Dr. RAYNAUD said that, in Algiers, smallpox had lately decreased since the vigorous vaccination campaign introduced in 1907. Vaccination had been effected throughout the country. In 1922, 184 cases per six million inhabitants had been noted, and 98 cases in 1923. Suddenly, in 1924, the number of cases rose to 450, of which 359 occurred in the department of Constantine. One of the causes of the revival was due to the habit of the natives of vaccinating themselves from a sick person, as they continued to do in certain districts. In 1925, the number of cases rose to 1,660, and severe steps had been taken for a general vaccination of the inhabitants. At the moment of the first outbreak, many persons had been vaccinated and the vaccination had not taken. When the second outbreak occurred, these people were attacked by smallpox so seriously that they died. The mortality had been 30 per cent during the first outbreak and 50 per cent during the second. It was asked why vaccination had not resulted in immunity. It was already known that the period of immunity was not so long in hot countries, and that the vaccine lost its strength in course of transport. For the last year, the colonial doctors were unanimous in stating that they no longer obtained the same results as formerly. A meeting had been convened at Algiers, at which Dr. Lemaire had made a communication, which had been reproduced by the Paris Academy of Medicine,

in regard to the period of immunity and the decrease in the effectiveness of the vaccine. In this connection, Dr. Sergent had declared that the vaccine had, on the contrary, a considerable activity and that he knew of two cases of general vaccination followed by death. Another doctor referred to two cases of death by encephalitis following vaccination. The question was now under examination. It was already agreed that it was important to provide Northern Africa with a vaccine which was sufficiently active and of making the vaccinations frequently.

Professor NOCHT said he would like to know how the opponents of vaccination had made use of these facts. He was surprised that hitherto they had not been used in Germany.

Dr. CARRIÈRE said that the epidemic of alastrim smallpox was now at an end in Switzerland, except in some sporadic cases. Vaccination was, up to a certain point, compulsory and had been rather intensively used. No cases had been noted of encephalitis following vaccination.

As regarded the standardisation of the lymph, he had followed the work of Sobernheim at Berne, and feared that the investigations proceeding at The Hague would not show very clear results. Each of the experimenters was practising his method and was expecting definite results. Nevertheless, perhaps other interesting facts might emerge from this investigation.

Dr. JITTA said that, in the Netherlands he had noted effects of a remarkable intensity. There was considerable inflammation of the arm and in certain cases gangrene. He had been obliged to vaccinate twelve officials, and he had noted that several of them fell sick. There had been certain cases of very serious swellings, ulcers and gangrene. These accidents had disappeared at the end of eight days, but they were extremely painful and disquieting. He believed that similar cases had been noted in other countries. Here there was a new development to be studied.

Professor PITTALUGA said that Dr. Gallardo, Head of the Vaccination Service of the Health Institute at Madrid, had studied the production and standardisation of lymph as well as the possible connection between vaccination and the encephalitis epidemic. In Spain, it had been impossible to establish by means of this examination any connection between the epidemic and vaccination.

Sir George BUCHANAN had little to add to the statement of Professor Jorge.

Since the report of Sir F. Andrewes' Committee had been communicated to the Hague Conference, a special Committee had been instituted by the British Minister of Health for the purpose of studying not only that report but also all the questions which came before the Hague Conference. As he had mentioned at the last session, the Ministry and the official Committee, of which Sir H. Rolleston was Chairman, had addressed a communication to the principal medical journals drawing attention to encephalitis following vaccination and inviting practitioners immediately to communicate any cases which they might observe. Hitherto, only a single case had been noted and added to the 1924 series.

The enquiry instituted into the methods which should be followed in all institutes in which lymph was prepared had made much progress, and it was important that the combined results should be studied as soon as possible in order that certain principles might be authoritatively laid down for the manufacture of lymph.

As regards the comparative enquiry into the various methods used in estimating the potency of vaccine lymph, the Commission had already recognised that, even if it were possible to obtain a perfect standard, only a small part of the problem would be solved, since there would arise immediately afterwards the question how uniformity in dosage could be ensured, and this question raised the whole subject of the method of vaccination. The work on potency was none the less useful. The chief difficulty which still remained in adopting a standard of potency was that results obtained from experiments on animals and those performed on man were not always strictly comparable. On the whole subject, it was evident that international co-ordination of the efforts made by different national authorities was proving most profitable.

Dr. LUTRARIO observed that, when the first communication in regard to encephalitis following vaccination had been made, he had declared that there had not, to his knowledge, occurred a single case in Italy, and he had undertaken to make an enquiry. The replies received by the Health Administration had been consistently in the negative. Further, certain indirect factors had shown that the greater number of cases of encephalitis did not coincide with the periods of vaccination. Out of 844 cases of encephalitis which had been studied, two cases only had occurred in the first year after birth, namely, at the period in which vaccination was compulsory. In the army, all conscripts were compulsorily vaccinated. In 1923, two cases of encephalitis had been noted, two cases in 1924, and 11 cases in 1925, but it had been impossible to establish any relation of cause and effect.

Dr. TSURUMI asked Professor Jorge if the Smallpox and Vaccination Commission could include in its programme a study of the period of immunity and the effectiveness of the lymph, which was a question of great importance.

The PRESIDENT noted that agreement in regard to the standardisation of the lymph was uncertain. This did not mean that it would be impossible, in spite of the difficulty of the enquiry, to arrive at a positive result. He would point out that, in spite of the marked differences between the methods used, it had been possible to obtain a single standard for the anti-tetanus and the anti-dysenteric sera. The researches were being continued, and the Committee could only urge the experts to persevere.

It would seem to be interesting and necessary to study the question of the revival of the potent action of the lymph, to which attention had been drawn almost everywhere.

Professor JORGE said he did not know what arguments were being used at that moment by the opponents of vaccination. He had, however, received a pamphlet in which it was especially urged that the time had come to ascertain what the vaccine was which had been used for a hundred years.

The reports on the standardisation of the lymph were disappointing at first sight, as might have been foreseen. In practice, however, the composition of the lymphs coming from one institute was always the same, and it now appeared, from the comparative study which had been undertaken, that the differences between the various methods were not very appreciable. During the study which was at present in progress, the best method would certainly become apparent.

The question of immunity, to which Dr. Tsurumi drew attention, was already on the programme.

Sir George BUCHANAN, reverting to Dr. Madsen's observations, said he understood that it might be possible to establish an arbitrary unit by different methods, but this would apparently involve the choice of some one institute from which the lymph should be taken for purposes of comparison, Such a choice would be difficult. He thought that the time had come for another meeting of the Commission with those experts who were dealing with lymph preparation and potency.

Professor OTTOLENGHI said that, at the previous session, he had drawn attention to the possibility that diseases of the animals from which the vaccine was taken — other than those with which the vaccine institutes had for a long time been familiar — might be transmitted to man, and he had asked what methods were used or contemplated in order to supervise more fully than before the health of the animals in question. This side of the enquiry was clearly of importance also in its relation to the principal problem studied by the Smallpox and Vaccination Commission.

Dr. RAJCHMAN reminded the Committee that a proposal had been made to him that Dr. Calmette's report should be published in the Annals of the Pasteur Institute. It had been observed, in reply to this suggestion, that such a publication would be premature, as the report contained a comparison of the various methods used, and it was not possible to arrive at a final opinion without having been able to examine all the lymphs submitted. Dr. Calmette had offered to devote a special number of the Annals of the Pasteur Institute to the publication of all the memoranda at a suitable moment.

As regards the next meeting of experts, a practical difficulty would arise in respect of credits. The most suitable date for this meeting would be one of the first weeks of 1927. It would then be possible to submit a report to the next session of the Health Committee.

Sir George BUCHANAN thought that the possibility of using the Annals of the Pasteur Institute was extremely interesting, but it was necessary to give the experts an opportunity of expressing their views on the method of publication.

As regards the next meeting, it was extremely difficult to draw the line between meetings of experts and meetings of the members of the Commission. The number of members of the Commission was small, and their inclusion in the expert conference involved at most the addition of four persons who were most closely interested in a problem the aspects of which were both administrative and technical.

Dr. RAJCHMAN said that, if the Commission considered it opportune, it might appoint representatives to sit with the experts. It was possible, however, that the experts would wish to have a preliminary exchange of views. Moreover, it was necessary to take into account the budgetary aspect.

Sir George BUCHANAN said that the experts with whom he had been able to confer in London had emphasised the desirability of the Commission preparing a satisfactory and practical programme of work for the next conference.

The PRESIDENT observed that it would be for Professor Jorge, whom he thanked for his work and for his report, to convene this meeting.

252. Revision of the International List of Causes of Death.

M. VELGHE submitted the following draft resolution :

"The Health Committee,

"Having considered the report of the Medical Director on the List of Causes of Death, the correspondence on this subject with the International Institute of Statistics and the observations made during the discussions in the Committee,

"Decides :

"(*a*) To entrust to a committee of experts the study of the documents transmitted to the Health Section by the Governments which comply with its request and of the preparatory work incident to the revision of the nomenclature now in use ;

"(*b*) To keep the International Institute of Statistics in touch with the work of the Committee of Experts and, when the moment appears opportune, to convoke a preparatory conference of the Committee of Experts and a delegation from the Institute in order to secure agreement on the questions which will be submitted to the future international conference."

M. Velghe, replying to Sir George Buchanan, said that this text covered not only the questions submitted by the Committee of Experts or the International Institute but also those which the Governments might intend to submit to the conference. The text might be made clear in regard to this point.

Sir George BUCHANAN observed that, in conformity with the spirit of the previous discussions, it was important that the experts should be chosen by the Governments to which application was made and should represent national committees wherever such committees had been established for the special study of the questions which would come before the next decennial conference.

The draft resolution was adopted.

253. Work of the Tuberculosis Commission.

Dr. TSURUMI (Chairman of the Commission) made the following statement :

"The present position of the work of the Tuberculosis Commission is the following :

"1. So far as the question of the standardisation of tuberculin is concerned, Professor Calmette submitted, at the last session of the Committee, an excellent report which has advanced the question both theoretically and practically. Professor Calmette, in this report, indicated that the best method of titration of tuberculin was effected by the subcutaneous injection of guinea-pigs. Nevertheless, it would at present doubtless be premature to propose the adoption of international rules in order to measure the activity of these products. It is important that their titration should still be the subject of experimental research.

"It might, however, be useful to recommend to the various laboratories in which tuberculin is being prepared for commercial use that it should be controlled, preferably by the method of subcutaneous injections by series, comparison being made with a standard tuberculin on an animal rendered sensitive to the injection.

"As the President of the Committee announced some days ago, the Permanent Standards Commission, as a result of his (Dr. Tsurumi's) communication in regard to the work of Professor Calmette, has decided to arrange for a comparison of the existing standards of tuberculin, both human and bovine.

"2. The question of a thorough enquiry into tuberculosis and its consequences from the social point of view makes it necessary to study certain special points, and among these points the examination of the causes of the decline of tuberculosis mortality is, in our opinion, one of the first importance. In this connection, I wish to point out that, at the fifth session of the Committee, steps were taken to institute such an enquiry in Denmark, Sweden and Norway, in conformity with a detailed programme adopted by the Committee. As this enquiry is not yet concluded, the Commission is not for the moment in a position to present the report in question. Nevertheless, the President of the Health Committee has assured us that this subject might usefully be examined during the next session.

"3. In regard to the request of the Government of the Union of South Africa addressed to the Health Committee, the Medical Director has communicated to the Committee a letter addressed to the South African Government and the reply of that Government.

"According to this reply, the South African Government intends itself to carry out some of the items on the programme suggested by the Committee during its fifth session. It has, nevertheless, expressed the desire that, in the event of any new factors coming to light, it might formulate a request to the Committee for further advice."

The PRESIDENT thanked Dr. Tsurumi on behalf of the Committee.

254. Health Conditions in Mandated Territories.

Professor OTTOLENGHI asked the President if it would be advisable to convene a meeting of the Commission on the health conditions in mandated territories, in view of the fact that the Health Committee would soon have finished its work, and again had not had an opportunity of dealing with this very interesting question.

Dr. RAJCHMAN said that the Health Section had been obliged to note that the observations which it had been able to collect from the reports on the mandated territories were too incomplete to be susceptible of appreciation as a whole.

Sir George BUCHANAN said that the question of the consideration to be given to the health reports from mandated territories might usefully be placed on the agenda of a later session.

SIXTH MEETING.

Held on Monday, October 18th, 1926, at 9.30 a.m.

Present : All the members of the Committee with the exception of Professor Léon Bernard, Professor Cantacuzène, Dr. Chagas, Surgeon-General Cumming, Dr. Granville and Dr. Alice Hamilton.

255. Examination of the Report of the Medical Director on the Work accomplished since the Sixth Session of the Committee (*continuation*) : Interchange of Public Health Personnel.

A. *Interchanges since the Sixth Session of the Health Committee.*

The section of the report of the Medical Director on these interchanges was read (Annex 108, Appendix (*b*)).

1. *Interchange in Denmark.*

No observations.

2. *Interchange of Sanitary Engineers in Great Britain.*

Sir George BUCHANAN thought that the interchange of sanitary engineers had been a success. If the arrangements made had been satisfactory, this was due, in the first instance, to the unwearied efforts of Dr. H. T. Calvert, his colleague at the Ministry of Health, and he would like the name of Dr. Calvert to be mentioned in the report of the Medical Director. As the project of an interchange of sanitary engineers, beginning in England, had been specially pressed by Dr. Lutrario and M. Velghe, it would be useful for the Committee to hear their views on this interchange and any suggestions which might serve as a basis for improvement in future interchanges of this kind.

If the Committee thought it desirable to organise another interchange of sanitary engineers in Great Britain, it might be preferable to wait until 1928, as recently the interchanges in that country had succeeded one another rather rapidly.

M. VELGHE said he was glad that he had been associated with Dr. Lutrario in putting forward this idea. He had gathered from a conversation with the Belgian participant that the interchange had met with entire success. He approved the idea of organising a new interchange of the same type in 1928.

Dr. LUTRARIO said he was glad to note the success of the interchange at the moment when his country was undertaking, or was about to undertake, important sanitary works. He was particularly glad of the opportunity which had been offered to a sanitary engineer from his own country to realise what was being done elsewhere.

3. *Interchange of the Combined Type.*

Dr. JITTA said that the Dutch participants had come back delighted with their trip. The participants whom he had seen in Holland were not all, however, sufficiently qualified to appreciate the value of the interchange and to derive from it the educational advantages which it offered. It was indispensable that in future a more careful selection of candidates should be made.

M. VELGHE agreed, and said he wished to make an important criticism. Programmes drawn up by the administrations concerned were generally too full. The participants complained of being overworked. It was advisable to take this fact into account in future interchanges.

As regards the final conferences, he understood why it was desirable that they should be held at Geneva. When the participants arrived at Geneva, however, they were tired and usually had not had time to study the documents which had been distributed to them during the interchange. It was accordingly to be feared that, in spite of what was said in the report, the discussions at the final conferences were not very thorough. Perhaps it would be advisable to allow an interval to elapse before the final conferences took place.

Dr. RAJCHMAN replied to the observations of Dr. Jitta and M. Velghe.

It was very difficult, generally speaking, for the Health Section to make a choice among the candidates. The candidates were presented by the respective health administrations, and the Secretariat must rely on them. All possible precautions were taken in making the final selection. It was well, however, that M. Velghe and Dr. Jitta had raised the question, as their observations would be recorded in the Minutes and transmitted as usual to all health administrations.

Experience had shown the twofold value of the final conferences held at Geneva :

1. It was indispensable that the participants should become acquainted with the Health Organisation and with the working of the League itself, all the more so as, at that stage of the tours, there were frequently misunderstandings on their part which a visit to Geneva would remove.

2. It was necessary for the participants to exchange views before returning home. At the beginning of each interchange the Health Section drew the special attention of the participants to the fact that they must not regard themselves as members of a conference which had to take decisions. He realised that the participants could not have time to prepare a technical report for the final conference, and they were therefore advised merely to prepare surveys which would be a useful basis for future reports. The participants were also reminded that their reports prepared in final form on their return must be submitted to their respective health administrations.

If the participants in an interchange were obliged to come to Geneva for their final conference some time after the close of the interchange, they would imagine that it was their duty to present to the Secretariat a detailed report on what they had seen and observed, and

the Secretariat might find itself in a delicate situation. Any conference assembled under the auspices of the Health Organisation must have a practical object in view and result in conclusions. The participants in an interchange, however, were not assembled to make recommendations. If the final conference were postponed, it would perhaps be difficult for it to keep its proper character.

All things considered, it certainly seemed worth while to assemble the participants at Geneva immediately after the interchange. According to the general opinion of all the participants, the discussions which took place at Geneva and the exchange of views with their colleagues helped them to correct misunderstandings which might have arisen during the tour and eventually to prepare a more thorough report.

This question of possible misunderstandings was very important. Generally speaking, at the end of an interchange, the health administration of the country visited was asked to appoint a representative to attend the final conference. It was significant that, on almost every occasion, the representatives of the health administrations were asked elementary questions which one would have thought had been dealt with during the interchange. This showed that a discussion at a final conference on elementary questions was of the utmost advantage for the participants.

M. VELGHE thought that, if the participants, after a study tour, still felt it necessary to raise elementary questions, it would have been better to raise them during the tour. He was not competent to formulate any definite proposals, but he would ask the Medical Director to reflect on the ways in which the interchanges might be improved and to examine whether, in future, the final conferences might be presided over either by the Medical Director or by a member of the Committee.

As regarded missions, he would point out the disadvantages inherent in too-frequent individual missions for free organisations dependent on a health administration like his own. These organisations were directed gratuitously by doctors whose time was of value. It was necessary that such missions should be very carefully considered in advance. If some of them related to identical questions, they might be combined. A succession of several missions dealing with the same question sometimes resulted in frequent dislocations at short notice of the organisations to which he had referred. He did not wish this observation to be placed on the Minutes, but he would be grateful to the Medical Director to take it into account.

Dr. RAJCHMAN, on the contrary, preferred that the observations of M. Velghe should be included in the Minutes. He had for the last five years drawn the attention of the Committee to the disadvantages inherent in the individual missions referred to by M. Velghe.

Individual missions had, at the outset, seemed to certain members of the Committee more useful than collective interchanges, and it had even been proposed to reserve the available credits as far as possible for such missions. It was evident that it would be easier for a health administration to have thorough studies made for one year by a hundred doctors participating in an interchange divided up into several groups than by the same number of participants coming successively upon individual missions. For this reason, in his reports of the last two years, he had insisted that individual missions should be reserved for quite special cases. He had even laid down the two following principles :

1. The mission for which a health administration presented a candidate should relate to a subject which had a special importance for that administration.

2. The subject should, as far as possible, come within the general programme of the Health Organisation.

Clearly, this last condition was not in all cases possible, but it would be well if the observations of M. Velghe should result in limiting requests for individual missions.

The PRESIDENT supported the observations of the Medical Director on the advisability of holding final conferences at Geneva. It appeared from the experience acquired in Denmark in regard to the interchanges that these final conferences enabled incredible misunderstandings to be removed, misunderstandings which were not only deplorable for the participants themselves but also for the administration which had organised the interchange. Instead of allowing a long interval to elapse between the interchange and the final conferences, would it not be possible merely to allow participants, before the final conferences, one or two days' rest ?

Professor OTTOLENGHI said that, judging from his experience as a member of the Malaria Commission, which had made many study tours and had effected real "interchanges", it was very useful for all the participants to meet in a final conference. It would be preferable to hold conferences of this character in the country visited before leaving it, as the health administration of that country would be in a position to furnish all the necessary explanations. In any case, however, it was a good plan, as a general rule, to invite representatives of the health administrations to the final conference. He supported the proposal of M. Velghe to the effect that the conference should be presided over either by the Medical Director or by one of his qualified assistants, or by a member of the Health Committee. As the President had suggested, it would be advisable to allow the participants a day of rest. Generally speaking, it was much better for such meetings to be held immediately after the tour, when impressions were still fresh and when it was possible to profit by the presence of all the participants, and to have a detailed discussion, since this procedure had always proved to be highly beneficial.

His colleagues Dr. Jitta and M. Velghe had raised the question of the presentation of good candidates. Perhaps the present conditions would be improved if each member of the

Committee could be supplied as early as possible with the programme and all other details and could thus in their respective countries agree in good time with his health administration as to the choice of candidates.

Sir George BUCHANAN said he thought that the final conference enabled the participants to refresh their memory on points which they might have forgotten or to discuss questions into which they desired to go more thoroughly.

It was difficult to ask participants, at the end of a tiring tour during which they had seen a great many things, to agree on some special point which they had not perhaps studied with particular care and in regard to which they were not sufficiently informed. It would no doubt be advisable to give them one or two days' rest ; but, after all, these conferences should not be used for the preparation of scientific summaries on the work of the health administrations visited. Their principal object was merely to help the participants, before separating, to go over their notes and to exchange views.

The recent interchange of port medical officers had shown the advantages of a member of the Health Committee participating in the interchange and presiding at the final discussions.

As regarded the choice of candidates, it was undoubtedly the fact that, in rare instances, the whole interchange had suffered because a particular candidate had been chosen who was ignorant of the language of the country visited or had a quite insufficient expert knowledge of the subjects which were dealt with during the interchange. This might be unavoidable, however much care was taken, but it should be recorded, as such observations were calculated to strengthen the authority of the Medical Director in the appointment of the participants. The various members of the Committee or the members of the Office international might perhaps assist in these appointments, more than was the case at present, by giving their personal suggestions.

As regarded individual missions, much depended on the subject treated. It was undesirable in most cases to give an individual a roving mission to study health questions in general. But individual missions might be extremely valuable when they dealt with special points — for example, in the sanitary administration of ports. They should not be condemned wholesale.

It would be difficult to postpone the final conferences and to bring back the participants to Geneva at a later stage. The participants often included officials who were extremely busy. Their work accumulated during their absence, and their chiefs would be unwilling to give them a new period of leave in order to come to Geneva.

Dr. RAJCHMAN said he would be happy if the members of the Health Committee would help the Secretariat in the selection of the participants for the interchanges. This was actually done, at present, so far as the majority of the countries were concerned. He explained under what conditions the health administrations of many countries appointed their candidates in collaboration with the members of the Health Committee.

There was every reason to improve the final conferences, just as an endeavour was made to improve the system of interchanges. Three principal points appeared to emerge from the present discussion, and these points would be taken into account in the future :

1. The health administrations concerned should always be represented, if possible, at the final conference. This was the practice which had hitherto generally been followed.

2. There was every advantage in the final conference being directed by a member of the Committee, as had already been done by Dr. Jitta and Dr. Raynaud. In the absence of a member of the Committee, the Medical Director would preside over these conferences, or, in the event of his absence from Geneva, he would delegate this duty to his colleague who was acting as Director of the Health Section.

3. It would be useful for the final conference to be preceded by an exchange of views in the country where the interchange had taken place. The programme of the interchange might be lightened by one day which would be devoted to this exchange of views. Such a meeting would certainly be possible during the progress of the interchange which would take place in Great Britain in 1927. This interchange would consist of groups of only two or three persons, who would have full leisure to discuss all questions among themselves and with a representative of the British Public Health Services.

In regard to individual missions, he agreed with Sir George Buchanan and M. Velghe that it was desirable to devote them to very important subjects and to reserve them for officials who came from distant countries.

Sir George BUCHANAN agreed, but considered that public health officers, even of neighbouring countries, might sometimes benefit by individual missions on specialised subjects.

Dr. JITTA said that, during the interchange which had taken place in the Netherlands, there had been a final conference of the participants in the country itself, under his chairmanship. He had been favourably impressed by this conference. The utility of the final conferences at Geneva became apparent in cases where it had been possible to prepare for them by small conferences held during the tour and at which the work was divided among the participants who knew in advance the subjects with which they would be expected to deal at the final conference.

Dr. RAJCHMAN explained that this previous division of work had been the usual practice for three or four years. At the first meeting, each participant had been asked to choose a subject and to prepare notes on the question with which he elected to deal.

Dr. RAYNAUD thought, with Sir George Buchanan, that the health administrations would find it difficult to grant their members who had participated in an interchange further

leave in order to come a second time to Geneva. He would insist, in passing, on the desirability of the participants being able, if they wished, to take recreation during the tour by visiting the artistic treasures of the country in which they happened to be.

Dr. LUTRARIO drew attention to the question of language. It was very easy to find candidates for a study tour in a French-speaking country, but it was very much less easy to find candidates for a tour in an English-speaking country. A large number of highly qualified candidates were unacquainted with English, and experience showed the disadvantages of such a state of affairs. The Medical Director might perhaps examine the possibility of attaching an interpreter to the interchange, as had been done at the beginning.

4. *Interchange in the Basins of the Baltic and the North Sea.*

The paragraph in the report of the Medical Director on this subject was read.

Dr. JITTA summarised his provisional report on this interchange (C.H. 521), as follows :

"The party was composed of fifteen members, including medical officers from the ports of Antwerp, Havre, Hamburg, Bremen, Liverpool, Memel and Rotterdam, the Chief Medical Officers of Health of Copenhagen, Nantes, Helsingfors, Riga and Bergen, a representative of the British Ministry of Health, a representative of the Department of Commerce and Transport of the Soviet Republic, the bacteriologist of the port of Göteborg and two representatives of the Health Committee of the League of Nations.

"The tour began at Riga and Libau and continued through Danzig, Stettin, Copenhagen, Hamburg, Bremen, Rotterdam, Amsterdam, Antwerp, Havre, Southampton, Liverpool and London, finally ending at Geneva.

"The successful carrying-out of the programme was due in no small degree to Dr. Stade, of Danzig, who not only arranged the journey but assured its smooth running.

"Everywhere great importance was attached to the relations established not only between the members of the party but also with the authorities of the ports visited. These relations are already sufficiently close to facilitate exchanges of ideas in the future and perhaps the adoption of measures for the various ports by means of a new international health convention.

"Everywhere attention was drawn to the organisation and geographical position of the ports and especially to the measures taken to prevent the spread of infectious diseases from overseas.

"Supervision consists primarily in the inspection of ships on their entry into port in a place as far distant from it as possible.

"At most of the ports there are isolation stations, but the utility of these stations is being increasingly questioned, except in cases where it is not possible to send the patients to hospital. The drawback to these stations is that they are hardly ever in use and are consequently ill equipped and deficient in staff.

"The attention of the members was especially drawn to the measures taken for preventing human or rat plague.

"At Hamburg, Amsterdam and Liverpool, drastic measures are taken to destroy rodents and prevent them passing from one ship to another or to the shore. The destruction of the rodents is everywhere effected by means of asphyxiating gases, either sulphuric acid or carbon monoxide or cyanogen gas. The chief difficulty is to find the best system of disinfecting ships carrying cargo. Another important problem is the devising of adequate precautions in the use of cyanogen gas.

"Particular attention was devoted to the drinking-water supply and the methods of removing refuse. Generally speaking, conditions were found to be satisfactory in most of the ports.

"Attention was also given to measures for the prevention of venereal diseases amongst seamen, for the housing and feeding of seamen at the ports, and for providing them with first-aid and ambulances. A good deal of attention was also given to the measures taken to safeguard the health of emigrants and immigrants, both in the ports and on board, especially during the voyage.

"To sum up, the tour of the Baltic and North Sea ports was extremely valuable for the members of the mission. They had an opportunity of seeing how a port ought to be equipped and were able to take stock of the improvements which might be introduced in their own or other countries.

"The ties formed will be profitable both to the participants and to those who were responsible for their guidance. The exchange of ideas and impressions cannot but be useful, and personal acquaintance with the authorities in the different ports may lead to fruitful collaboration in the general interest."

The PRESIDENT thanked Dr. Jitta for his report and for the way in which he had directed the interchange. He also thanked Dr. Stade.

Sir George BUCHANAN associated himself with the President's observations.
He would venture to make two remarks concerning the provisional report of Dr. Jitta :

1. In regard to the campaign against rats, the report contained the following phrase on page 5 : "The members of the Committee did not believe in the effectiveness of measures of destruction on the vessels — at least, so far as they had seen them applied". He did not

question that this was the opinion of the members of the Committee, but it was not to be forgotten that there were various methods of protection against rats. The question had been extensively studied, particularly in the United States. The method which consisted in blocking any passage enabling the rats to go from one place to another gave very satisfactory results and might represent a very substantial economy by comparison with periodic deratisation. The sentence to which he had referred might give rise to mistaken interpretations.

2. In regard to the questionnaire sent to the port authorities, the report, on page 3, regretted the delay in the receipt of certain replies. Great Britain was among the countries to which this applied. In point of fact, the British administration had been somewhat alarmed at the number and comprehensive character of the questions put, and it preferred itself to prepare its own programme without having to furnish in advance such a considerable quantity of information.

In view of the very great value of the interchanges from the point of view of the organisations represented in the Office international d'hygiène publique, he would express the hope that Dr. Jitta's report would be communicated to the Committee of the Office international. This report would be of use in view of the special concern of that Office with quarantine questions.

M. VELGHE associated himself with the thanks addressed to Dr. Jitta and to Dr. Stade. He had been able himself to realise to what extent this study tour had been interesting and effective.

He would venture to draw the attention of his colleague to the paragraph on page 4 of his report in which reference was made to a hospital for infectious diseases where the experiment was tried of dealing in the same ward with sick persons suffering from various diseases or more than one disease. He feared that the inclusion of this sentence seemed to constitute an unreserved approval of this practice. Supplementary explanations were essential. In his view, it was necessary to discuss the question thoroughly, but such a sentence as that to which he had referred might lead to dangerous consequences.

Dr. JITTA thanked his colleagues on behalf of Dr. Stade and on his own behalf. His report was provisional, and he had no objection to suppressing the sentence to which Sir George Buchanan had drawn attention. He had inserted it in his report because the arrangements seen by the members of the interchange appeared to them to be complicated and costly. He was not unaware that, in the United States, opinions were favourable to this system and that the ships which were rendered inaccessible to rats were more easily allowed in the ports than other ships.

If the Health Committee agreed, he was prepared to give an account of the interchange to the Office international d'hygiène publique.

He would observe, in reference to the observation of M. Velghe, that this passage in his report was only a statement of fact and not the expression of an opinion. He was ready to modify it so that there should not be any misunderstanding.

The PRESIDENT, referring to the suggestion of Sir George Buchanan that a statement should be made to the Office international, thought it would be better to await the final report.

Senator POTTEVIN supported the suggestion of Sir George Buchanan.

Sir George BUCHANAN thought that a statement of this kind would be very useful for such of the members of the Committee of the Office international who did not form part of the Health Committee. He was merely proposing that a short summary of the facts should be made, which might be preserved in the records of the Office international as an indication of the work recently done by the Committee in a particularly interesting field.

The PRESIDENT said that, in these circumstances, the suggestion of Sir George Buchanan would be followed up.

B. *Programme of Interchanges for* 1927.

This chapter of the report of the Medical Director was read.

1. *Interchange in Great Britain.*

Sir George BUCHANAN said that the British administrations, acting, as before, with the invaluable aid of the Society of Medical Officers of Health, would do their best to assist the interchange outlined in the Medical Director's report and would welcome suggestions in regard to details.

2. *International Continuation Course in Public Health.*

Dr. RAJCHMAN explained that the idea of this new type of interchange had been suggested by the Directors of the public health services of several Balkan countries. These countries proposed to set up continuation schools of health, but, pending the carrying-out of this plan, it seemed useful for them to improve their official medical staff and to acquaint that staff with the present position, in theory and practice, of public health administration. The system of interchanges which had so far taken place only gave them partial satisfaction, as these interchanges, in which a limited course was given dealing with the health situation of a particular country, did not include the study of principles. For the same reasons referred to a moment ago by Dr. Lutrario, it was preferable that this course should be given in French and in a French-speaking country, the French language being, with the German language, the most widespread among health experts. Professor Léon Bernard had approved this idea. The participants

would be chosen by the health administrations with a view to studying special problems. He would remind the members of the Committee that he had distributed to them a letter from Dr. Scholtz, Secretary of State for Hungary, Director of the Health Department of the Hungarian Ministry for Social Affairs, in which Dr. Scholtz explained, in particular, the problems of interest to his administration. Similar suggestions might be formulated by other countries. The participants in the interchange would be divided into five or six groups, placed under the direction of lecturers. The interchange would include a six-weeks stay in Paris and a six-weeks tour, and it would comprise public health officials.

Dr. RAYNAUD cordially supported the proposals of the Medical Director.

Professor OTTOLENGHI was glad to have the explanations of the Medical Director, which had removed certain misgivings to which the reading of this passage of the report might give rise. The report might leave the impression that the new system would result in the creation of a kind of super-school of health, and this was a conception which everyone desired to eliminate. Perhaps the report might be made clearer on this subject. Either in the report or in the Minutes, emphasis might be laid on the fact that it was not in reality proposed to institute a new type of interchange but to extend that branch of the interchanges devoted to general courses.

It would also be advisable to make it clear that Paris was chosen only as a beginning, but that subsequently courses might be given in other countries whose language was extensively used or which were of special interest owing to their health conditions or in view of the efforts they had made and the results obtained in questions of public health.

Professor PITTALUGA said he appreciated the full importance of the suggestions of the Medical Director. He would like, however, to have some explanations. Was it proposed to co-ordinate university instruction in public health and the practical application of the rules of health by the health administrations ? If this were not the case, it would nevertheless seem that this idea was worthy of attention.

This passage of the report by the Medical Director, instead of defining the subjects contemplated for the first course, indicated the nationality of the professors whom it was proposed to convene. This choice was doubtless founded on the fact that the professors suggested were experts in the study of certain questions.

Dr. RAJCHMAN thanked Professor Ottolenghi for having drawn attention to various passages in his report which it would be advisable to develop.

In reply to the first observation of Professor Pittaluga and in order to remove any misunderstanding, he proposed to replace in the second paragraph the reference to professors by a reference to lecturers. As Professor Pittaluga presumed, the indications concerning the nationality of the lecturers to be chosen corresponded with a definite programme. The report did not contain any clearer indications on this subject because it was necessary first of all to secure the approval of the Health Committee.

Sir George BUCHANAN said that, unlike Professor Ottolenghi, he considered that the new interchange differed completely from the previous interchanges. There seemed to be no reciprocity about it. It was to be, in effect, a course of instruction in hygiene for the public health officials of certain countries. If the Committee were to be enabled to agree to this innovation, it would be necessary for it to be convinced, in the first place, that this system was in urgent demand by the countries concerned, and, in the second place, that the instruction desired could not be obtained already without the aid of "interchanges". Were there not already institutes which could give these courses ? In any case, if the idea were carried out, the Committee should provide adequate remuneration for all the lecturers. That part of the proposal which required lecturers from his country to come to Paris and conduct a course in French presented considerable practical difficulty. If it applied to British officials, it seemed doubtful that their authorities would grant them the necessary leave for a purpose of this kind. If it were proposed that a special study should be made in England by students who could only receive instruction in French, something might be done to find a suitable lecturer.

Professor NOCHT also feared that the question of language would give rise to difficulties. Moreover, if the courses were arranged, as proposed, for the middle of January, it would perhaps be impossible for German lecturers who were university professors to go to Paris at that date, even for a week.

The PRESIDENT had the impression that his colleagues were in favour, in principle, of the proposals of the Medical Director and that they were mainly thinking of the practical aspect of the problem. The Medical Director might be left to examine methods of overcoming the difficulties to which reference had been made.

Sir George BUCHANAN hesitated to give his approval in principle until an answer had been given to the two following questions :

1. Was this new type of interchange requested urgently by several administrations ?
2. Was there not some other method of obtaining the desired result, and was the Health Committee qualified to undertake this new task ?

Dr. RAJCHMAN said that the idea of these interchanges had been supported by the Director of Public Health of Bulgaria, by Dr. Stampar and by others. These interventions had seemed to give sufficient ground for a preliminary examination of the question by the Health Committee.

It was difficult at the moment to reply definitely to the second question of Sir George Buchanan. He did not think that there existed any continuation courses in public health in any of the principal centres in French-speaking countries.

He did not think it could be maintained that the new course was not an interchange in the proper sense of the word. Hitherto, the participants had, as a rule, devoted the first week of their tour to a general conference and had afterwards made a study tour of four weeks. It was now proposed that the preliminary conferences should last for six weeks and that, instead of dealing with the experience of a single country, they should deal with the experience of various countries. This interchange might be compared with the special interchanges on school hygiene and on tuberculosis.

He would say, in reply to Professor Ottolenghi, that it was well understood that the courses might be organised in other languages, if the necessity arose. In certain parts of Europe, another language than French would perhaps have to be chosen. The question should be examined very seriously.

Dr. RAYNAUD explained that, in his case, it was not during his training at the school of medicine that he had learnt health administration but during the whole of his experience. The idea of a course which would enable the participants in these interchanges to learn in six weeks' theoretical work and six weeks' practical work what their elders had taken so long to achieve must in principle be approved. As the Medical Director had said, after having begun the course in Paris, the method might be extended to other centres in accordance with the experience acquired.

Professor OTTOLENGHI wished to remind the Committee and to emphasise that he had no intention of making this question of language a question of nationality. It was quite natural that, since the first course would be conducted in French, it should take place in France. Another year, the course might be given in a country in which another language was spoken which might not even be very widespread. It would be sufficient for the courses to be conducted in a language that was chosen as being sufficiently widespread. No difficulty would be experienced ; there was none this year, even though the lecturers were not all French. The principal point was that the courses should take place in different countries, account also being taken of the contributions made by those countries to the development of public health.

Professor PITTALUGA thanked the Medical Director for his explanations. Even if the object of these courses was not essentially to associate educational teaching with the administration of public health, the proposal would still be interesting.

For the practical carrying-out of the programme it would be necessary to rely on the Health Section. The Health Committee should only have to discuss its general lines.

Dr. RAJCHMAN explained that, in presenting a new proposal, he had felt it his duty not to confine himself to setting forth general principles but to show also the way in which they would be applied. He was prepared to modify the text of his report in order to satisfy Professor Pittaluga.

Professor PITTALUGA said that his intention in presenting this observation was to reserve a certain liberty for the Health Section, particularly in the choice of persons.

The PRESIDENT asked his colleagues whether they agreed on the principle of the contemplated interchange.

Sir George BUCHANAN said he was ready to accept the principle provided he knew what this acceptance implied. The Medical Director and Dr. Raynaud had given a satisfactory reply to his first question. It appeared that the institution of a course in France corresponded with a substantial demand which the Committee might reasonably endeavour to meet.

According to the actual proposal, the course would begin on January 17th at the Institute of Health of the School of Medicine in Paris. Professor Léon Bernard had been invited to direct the course, in which foreign lecturers would participate and for which they would presumably be paid.

But another part of the programme was that the foreign lecturer should afterwards take some of the students for demonstrations in his own country. Were the two essential to each other ? Must it be a condition that the instructor who demonstrated in his own country must first have come to Paris to lecture in French at the Institute ?

Dr. RAJCHMAN said he wished to avoid any misunderstanding. He understood that Sir George Buchanan associated himself in principle with the contemplated course, making a reservation in regard to the participation of lecturers from his own country. He wished to know how he was to apply the resolution of the Committee. It appeared to him to result from the discussion which had taken place that the Committee would authorise the Section to adopt the new plan if the following points were borne in mind :

1. It would be possible to organise a course in a country whose lecturers would not be able to come to Paris ;

2. The possibility would be studied as soon as possible of organising a similar course in a different language in another country, if the first interchange should have satisfactory results.

The PRESIDENT said that the interpretation given by the Medical Director was correct.

3. *Interchange in Germany.*

Dr. RAJCHMAN read the following resolution, which had been adopted on October 12th by the meeting of German experts collaborating with the Health Organisation :

"1. The conference warmly welcomes the convocation of the group of German medical officers who collaborate with the Health Organisation, and considers that this meeting will serve to strengthen the liaison between the Health Organisation and this group.

"2. Recognising the great value of the arrangements initiated by the Health Organisation of the League of Nations for the interchange of medical officers, the conference warmly welcomes the intention expressed by the Health Organisation to make arrangements for an interchange of this kind in Germany during the course of 1927. The conference notes with particular satisfaction the declaration of Dr. Hamel that the German Government will do all in its power to ensure the success of this plan."

The Medical Director believed that the best time for this course would be the autumn of 1927.

The suggestion was approved.

4. *Individual Scholarships for Far Eastern Countries.*

Dr. TSURUMI said he was glad to announce that the collaboration between the Health Organisation and the Health Administration of Japan, for which the Medical Director had been good enough to take all the necessary steps, was now effectively established.

As regarded the interchange of experts between various countries and Japan, Professor Grey, of England, Dr. Fonseca, of Brazil, and Dr. Saulic, of the Kingdom of the Serbs, Croats and Slovenes, had already left for Japan to study the problems in which they were interested. He could assure the Committee that the Japanese health authorities and the institutes chosen by these doctors would very willingly give them all possible facilities. He hoped that these doctors would derive every benefit from the work which they would do in Japan and that, when their mission was completed, they would return satisfied with their course of study in that country.

Moreover, four Japanese experts had arrived at Geneva some days ago in order to study certain special problems in various European institutes. He would appeal to the good offices of his colleagues and ask them to allow his countrymen every facility.

Finally, Professor Saiki, Director of the Imperial Institute for Food Supplies at Tokio, was coming to Europe in the middle of January next in order to give lectures on nutrition in various places.

The PRESIDENT thanked Dr. Tsurumi for his statement.

5. *Countries of Latin America.*

No observations.

6. *Various Interchanges (Physical Education, Health Insurance, Professors of Hygiene).*

Professor OTTOLENGHI thought that it would be well, for the invitation to professors of hygiene, to adopt a different procedure from that in force in dealing with the health administrations.

Dr. RAJCHMAN said the question was somewhat delicate and would at a later stage be the subject of more definite proposals.

Professor OTTOLENGHI, referring to the collective interchanges mentioned in the last sentence of paragraph 6, thought that it would be interesting to inform the various Ministries of Public Health of the subject of the interchanges. The Ministries would then notify the professors so that the latter might judge whether the question interested them. He noted that the Committee would have an opportunity of discussing the question more fully.

256. Infant Welfare : Report of the Conference of Health Experts.

The PRESIDENT invited the Committee to examine the report of the Conference of Health Experts held at Geneva from September 27th to 29th, 1926 (Annex 115).

Resolution I. *Immunisation against Diphtheria.*

Professor OTTOLENGHI drew attention, for the information of the Health Section, to the interesting experiments made at the Children's Hospital at Bologna.

Sir George BUCHANAN asked what was implied by the approval of this resolution.

Dr. RAJCHMAN said that the Secretariat would get into touch with the countries in which immunisation against diphtheria had been practised on a large scale during the last two or three years and would ask them for reports on their experience. All the replies would be collected in a monograph and published as a sequel to the first communication relating to immunisation in the United States.

Sir George BUCHANAN thought that much of this work had already been done. In many countries, even in those in which the practice of immunisation was not very widespread, the question had been made the subject of a fairly thorough investigation and documentation. If the Committee adopted the proposals submitted to it, would the data be published with critical commentaries or only represent a collection of information ?

The PRESIDENT thought it would be very useful to have such a collection of data, as it was only now that account was beginning to be taken of the results obtained. At the time when the report on the United States had been drawn up, the experiments had not been going on for a sufficiently long period to allow final conclusions to be drawn. The contemplated collection would be valuable for small countries which had not at their disposal information as complete as that of certain other countries.

A beginning must be made by collecting figures on this basis and, later on, a criticism of the results as a whole might be forthcoming. It would be difficult to entrust the staff of the Health Section itself with the critical part of the work.

Sir George BUCHANAN, while asking whether the time had yet come to make a critical study in the case of scarlet fever and measles, said he nevertheless believed that such a study, if made by a specially qualified person, might be very valuable. If it were merely proposed to collect information, the Health Section, before undertaking any work, might usefully begin by ascertaining from certain public health administrations whether they had not already collected the necessary data from other countries.

Dr. CHODZKO also thought that it was too soon to discuss the results obtained. He would like, moreover, to raise a point of order. Was the Health Committee bound to accept the report of the experts, together with their resolutions ? This report contained certain passages to which he could not subscribe. Thus, reference was made to anæmia as though anæmia were a specific disease. Reference was made to rickets as though it were a disease arising from malnutrition, and this was not a proved fact. This report should not engage the responsibilities of the Health Committee.

Dr. RAJCHMAN reminded the Committee of the history of the report :

1. The Health Committee had decided to resort to the assistance of experts in dealing with the resolution of the sixth ordinary session of the Assembly.

2. The experts invited to define the questions to be studied had done so. Their views had not committed anybody but themselves, and neither the Committee nor the Health Section was responsible for them. Experts had discussed among themselves questions of principle, and their resolutions embodied the general views of the Conference as a whole.

The view that the time had not come to assess the results of vaccination had been supported by Professor Pirquet. The other members of the Conference, particularly the French member, had laid special emphasis on the efficacy of vaccination, which, according to them, was now beyond all doubt. Finally, the whole Conference had agreed that a single document embodying the results obtained in the various countries should be prepared.

He would say, in reply to Sir George Buchanan, that if detailed monographs dealing with a single country existed, there would, of course, be no need for this work to be done over again. It would, however, be very useful to collect all the facts in a single volume. The conclusions to be drawn from these data would have to be examined later.

Professor OTTOLENGHI emphasised the importance for a health administration of having at its disposal complete information in the event of an epidemic. The critical study of the results obtained would be the task of the Health Committee when it had received all the information and a general report.

Dr. CARRIÈRE suggested that, if it were proposed to make as general an enquiry as possible into the question covered by the first three resolutions, this enquiry should be entrusted to the Office international. That Office would subsequently forward the results of its enquiry to the Health Committee, which would examine them.

Sir George BUCHANAN thought that the compilation of the results obtained would only be of use if accompanied by commentaries prepared by a highly qualified person. These commentaries would be presented in a way that would clearly indicate that they embodied the personal opinion of the expert.

As Dr. Carrière had suggested, it would be very useful to invite the delegates of the Office international to collect the necessary data. This would enable the Committee, at a later session, to enter upon a discussion which would be of great use to the person who would be entrusted with the work as a whole. The enquiry by the Office international would cover the first three resolutions.

Dr. RAJCHMAN did not think there was any need to refer these three questions to the Office international. The intention of the members of the Conference of Experts was not to obtain information from all the health administrations of the world but to select the few countries which had made experiments on a large scale in vaccination, and the enquiry would be addressed in each of these countries to the institute which had been in charge of this special work. As regarded scarlatina, for example, application would be made to the two State institutions which had carried out the experiments in Poland and in Hungary. If the application were addressed to the health administrations, the results would not be comparable and it would be very difficult to draw any conclusions from them. The enquiry proposed was not a statistical or epidemiological enquiry but a very complicated one involving various factors: statistical, epidemiological and laboratory work, etc.

He would ask the Committee to rely on the Health Section, which would choose the countries having a wide experience in vaccination, and which would present a report. The question of referring the matter to the Committee of the Office international would only arise when the Health Committee was in a position to formulate indications of an administrative character. If it were desired to avoid continuous overlapping, it was essential that the two bodies should not be entrusted with the same technical work. Both of them were very desirous of entering upon serious technical studies, but it was necessary to define their respective competence.

Senator POTTEVIN thought that, if it were proposed to enquire of a certain number of selected institutes as to their own experiments, the task would certainly come within the competence of the Geneva Organisation. If, however, the object was to obtain information in order to ascertain where it would be possible to find the necessary data, and if it accordingly became necessary to contemplate an enquiry extending to all countries in which experiments might have been made, resort should be had to the Office international, whose members were qualified, each for his own country, to furnish such information. It should be added that it was of great importance that the results obtained should be collected, to a certain extent, under the auspices of the health administrations, which would give guarantees that the information was objective.

The continuation of the discussion was adjourned until the next meeting.

SEVENTH MEETING.

Held on Monday, October 18th, 1926, at 5 p.m.

Present : All the members of the Committee with the exception of Professor Léon Bernard, Professor Cantacuzène, Dr. Chagas, Surgeon-General Cumming, Dr. Granville and Dr. Alice Hamilton.

257. Infant Welfare : Report of the Conference of Health Experts (*continuation*) (Annex 115).

Resolutions I, II *and* III. *Immunisation against Diphtheria, Measles and Scarlet Fever.*

Sir George BUCHANAN said that, without wishing to open a discussion at the moment, he would like to revert to the observations made at the close of the last meeting regarding references by the Health Committee to the Office international d'hygiène publique. Resolutions I, II and III contemplated an enquiry into the use of certain vaccines. The view had been expressed that the Office international could only render assistance when it was proposed to consider the steps which the Governments should take. He would, however, point out that the Office might give valuable assistance by a preliminary discussion which would give information on the position in the various countries. Such preliminary work had already been of great assistance to the Committee on two or three occasions.

Dr. RAJCHMAN said that the adoption of these three resolutions would, in his opinion, result in the preparation by the Secretariat of a preliminary technical report based on the information collected in certain countries during the last three years. When this report had been completed, the enquiry might be extended according as the Health Committee would decide.

Sir George BUCHANAN considered it probable that the various questions relating to infant welfare would remain on the programme of the Committee for a long time to come. When the Committee had been reconstituted and had to decide as to the suppression of certain of its Commissions or the appointment of new Commissions, it might be useful to consider the appointment of one on which members of the Health Committee could sit, together with the experts who had rendered such valuable services at the last Conference. He distinguished between a conference of experts which did its work and reported and a permanent body of experts meeting from year to year. In the latter case, a Commission including members of the Health Committee ought to be formed.

Finally, the investigations on immunisation had two aspects :

1. Was it desirable to establish a system of immunisation applicable to all children under twelve months ?
2. What was the value of the immunisation applied to children or persons of all ages ?

Did the enquiry referred to in Resolutions I, II and III cover these two aspects of the problem ?

Dr. RAJCHMAN replied that the enquiry covered only the second aspect. The sole problem for the moment was to collect information.

Resolutions I, II *and* III *were adopted.*

Resolution IV : *Budgetary Arrangements for the Execution of Resolutions* I, II *and* III.

Dr. RAJCHMAN said he thought that it would be for the Budget Commission of the Health Committee to consider this resolution.

Resolution IV *was adopted.*

Resolution V : *Instruction in Child Hygiene given to Medical Students, Nurses, etc.*

Resolution V *was adopted.*

Resolution VI : *Infant Mortality.*

Dr. RAJCHMAN said that this question of the mortality rates had been examined with particular care. The necessity for a preliminary enquiry had become obvious, but it was hoped that a definite scheme might be established in January 1927. The proposed enquiry should begin in the first months of 1927 and cover a period of twelve months. The Italian member had observed that, in certain countries, particularly in Italy, it would be useful to make a preliminary study of the statistics relating to the country as a whole, and the last paragraph of the resolution had been introduced in order to meet this suggestion.

The countries of Latin America had made two appointments. Argentine had proposed Professor Alfaro, and Brazil had proposed Professor Figueira as corresponding members. He hoped that these proposals would be adopted. In view of the special importance of this question for the countries of Latin America, it might be useful to invite the medical authorities of these countries to make a preliminary trial in order to ascertain under what conditions the proposed study might be undertaken in their own countries. The new conference which would assemble within three months could communicate to them the results of the European enquiry, and a very effective collaboration might be organised. Moreover, the Government of Uruguay would be very glad if a future meeting might be held at Montevideo.

In this connection, he would remind the Committee that the question of technical liaison with Latin America had been much discussed at the last session of the Assembly. Two schemes were presented, of which one was of particular interest to the Health Section. After a long discussion, the delegates of the Latin American countries obtained the adoption of the proposal to insert a general credit of 30,000 francs in the budget to ensure this technical liaison. It accordingly seemed possible to reckon upon limited but adequate financial resources.

The PRESIDENT was sure that the Committee was in agreement as to the appointment of the two corresponding members from Latin America.

Professor PITTALUGA said he would be lacking in his duty if he did not voice the opinions of the three countries of Latin America which he had visited. He had met everywhere with a very cordial desire to see the establishment of intellectual and scientific relations with the technical bodies of the League of Nations, and particularly with the Health Committee. The Committee would never have a more useful occasion than the present one for establishing fruitful relations with all the States of Latin America which were so brilliantly represented on the Committee by Dr. Chagas and Dr. Mimbela.

Dr. MIMBELA said he would not fail to forward any communications which might interest public opinion in his country, in which there were certain experts who would be able to co-operate very effectively with the Health Committee. He hoped that Professor Pittaluga would be able to continue in Peru, as well as in the other States of Latin America, the remarkable propaganda which he had already undertaken with authority and success.

Sir George BUCHANAN observed that it was impossible to object to the extension of the enquiry to Latin America. The same question, however, immediately arose in regard to Australia and New Zealand, where the infant mortality rates were among the lowest in the world. By the same reasoning, it was possible to anticipate an extension of the enquiry to Asia and Africa.

In regard to the following passage in the resolution : "the study should be made from the medical and public health rather than from the statistical point of view", he had always opposed the general tendency to regard medical statistics as a separate and impenetrable mystery. The following text might be preferable :

> "It is understood that the enquiry will not relate so much to matters of pure statistics as to medical and public health questions, studied with such expert statistical aid as may on occasion be required."

Dr. LUTRARIO insisted on the necessity of obtaining a maximum result from the proposed preliminary enquiry. First it would be necessary to recommend the doctors to give special attention to the drafting of the death certificates for children a few weeks old. It would be well to point out to them that the preliminary enquiry was not confined exclusively to the static branch of statistics but that it also dealt with the dynamic branch. For the first weeks, records should be kept daily. For the first four months they should be made weekly, and, finally, for the period from four months to one year they should be made monthly.

Dr. CHODZKO supported the proposal of Sir George Buchanan, all the more so as it was in conformity with the resolutions of the Assembly.

The resolution was adopted with the amendment proposed by Sir George Buchanan.

Resolution VII : *Unification of Registration of Infant Deaths.*

Resolution VII *was adopted.*

The PRESIDENT, speaking on behalf of the Health Committee, thanked the experts who had assisted at the Conference on Infant Welfare.

258. School Hygiene : Draft Programme of Enquiry submitted by Dr. Tsurumi.

Dr. TSURUMI presented his memorandum (Annex 118), which concluded with the following draft resolution :

"The Health Committee,

"In view of the interest there would be in a study of school hygiene, and the great importance and value of this modern health activity :

"Decides to instruct the Medical Director to collect information for a comparative study of school health programmes and for the study of certain special problems of school hygiene, such as nutrition and recent experience in the prevention of certain infectious diseases, for report to a subsequent session."

Dr. RAJCHMAN said that this proposal had already been submitted twice. It should, in his opinion, be carried into effect without delay, all the more so as it was very similar to certain resolutions of the Conference on Infant Welfare which had been adopted.

The Secretariat might submit a preliminary report at the next session of the Committee.

Dr. JITTA thought that these resolutions were a natural sequel to those dealing with infant welfare and that the resolutions, taken together, formed an inseparable whole. He wondered whether it would not be preferable, in order to avoid confusion, to take them up when the Committee had dealt with the questions relating to infant welfare.

Sir George BUCHANAN had reason to believe that Dr. Tsurumi's proposal would be sympathetically considered by the school medical service in England. In putting it into execution, an effort should be made to avoid burying the Health Committee under the enormous mass of documents and reports which had been written on this question. The most useful suggestion would seem to be that doctors experienced in school hygiene should be convened at an appropriate moment to meet — in London, for example — at a conference which would be partly a conference in the proper sense of the term and partly an interchange. When their work was completed, the local doctors might organise visits and demonstrations in their respective districts.

Dr. TSURUMI thought that the interchange was an extremely useful method of developing school hygiene, but, though it was extremely interesting, it would not in itself suffice. There were certain American and English experts who were specially interested in this question and were prepared to assist in carrying out the draft resolution.

Dr. RAJCHMAN said that the Secretariat had already collected a considerable amount of information of exceptional value from international bodies dealing with this question. The analysis of the various recommendations was, however, very complicated, and it was almost impossible to extract anything definite. The advantage of the resolution of Dr. Tsurumi was that it recommended a practical attack upon the problem. A beginning might be made with the study of the prevention of infectious diseases and a study of the food question. If the Health Committee would entrust the matter to him, he would, in agreement with Dr. Tsurumi, present a study of these two questions at the next session.

Dr. CARRIÈRE emphasised the importance of studying the question of sports, not from the point of view of their advantages but from the point of view of the disadvantages and risks which might result from their abuse.

The resolution of Dr. Tsurumi and the proposal of Dr. Rajchman were adopted.

259. Draft Resolutions referred to the Health Committee by the Assembly during its Seventh Ordinary Session.

Dr. RAJCHMAN read the three resolutions submitted respectively by the delegations of Cuba, Czechoslovakia and Uruguay and referred to the Health Committee by the Assembly on September 24th, 1926 (Annex 120).

The text of the first resolution was as follows :

"The Second Committee, in conformity with the resolutions adopted by the Assembly at its fifth and sixth ordinary sessions on the subject of infant mortality and the protection of children, requests the Council to ask the Health Committee to consider to what extent it could, at a suitable time, enlarge its scheme of international enquiry to include other problems of eugenics."

Dr. Rajchman said he would point out that certain delegations, particularly the British delegation, had insisted, in the Second Committee, that the Assembly should leave the Health Committee free to decide upon its own programme of work.

He would observe, in regard to this first resolution, that the delegation of Cuba had agreed to give it a form which was fairly elastic. He thought that the Health Committee would agree in considering that the time had not yet come for carrying it into effect.

Consideration of the first resolution was postponed.

The second resolution, submitted by the delegation of Czechoslovakia, was as follows :

"The Second Committee, considering the importance of physicial culture as a means for preventing disease, and in view of the interest which numerous countries take in that question, asks the Council to instruct the Health Committee to consider the inclusion in the programme of its work of the international investigation of physical culture, including scholastic hygiene, and to decide what special problems may necessitate a comparative study and a co-ordination of national research work and national enquiries."

Professor OTTOLENGHI supported this resolution very warmly and emphasised certain aspects of the question which seemed to him to be of quite special importance and therefore worthy of examination, as was suggested in the Czechoslovak proposal.

First there was the choice of the professors of physical culture and their training. It was time to give to these professors a general and special culture which would enable them to avoid being relegated to a position which was inferior to that of the other professors, with the result that physical culture, which was one of the most important branches of the general training of the individual, often failed to be endowed in the schools with the dignity of which it was worthy.

The second point concerned the method of teaching physical culture itself in schools of all grades. The general opinion of health experts was that physical culture should begin as soon as possible, but there was usually a lack of agreement concerning what was meant by physical culture and, as a consequence, concerning the programmes to be followed in respect of this teaching.

Finally, there was a third question, which seemed to him of great importance, namely, that of physical culture in the universities. This question had perhaps already been settled in England and in the United States, and was in process of being settled in Germany. In many other countries, however, the university, which was open, in part, to the principal sports and athletics, offered no opening for real physical culture, which was of much more general importance and should find a place in the universities if it were to receive from high officials, political men and the great leaders of public life all the support and the means of extension which were necessary with a view to the development of the health conditions of the peoples.

Dr. CARRIÈRE said that sport was a special branch of physical culture. Unhappily, it very often tended to take a pre-eminent place, and its exaggerated development was attended with serious disadvantages. Practised to excess, it seriously affected those who indulged in it, and this danger should be very carefully examined. Professors of physical culture and doctors had a great deal to learn in this field.

Professor NOCHT supported this observation. There was in this direction an excessive development which the Health Committee should endeavour to moderate. It was advisable to undertake a study of the matter and to convene school doctors in order to submit proposals for avoiding the serious disadvantages to which attention had been drawn.

Sir George BUCHANAN said that this was an important question of preventive medicine. He was somewhat impressed by the wide scope of the draft resolution and wondered whether it would not be preferable to get back to the suggestion of the British delegate on the Second Committee. If a particular country had, in any special field, an organisation which it desired to be studied, the best procedure was to invite that country itself to establish the general lines of enquiry. Would it not be possible to invite the Czechoslovak authorities to report in detail on the questions which it would be an advantage to examine from an international point of view ?

Dr. LUTRARIO said that the Assembly during its seventh session had supported the Czechoslovak proposal but had also emphasised the views which had just been expressed by Dr. Carrière, and had contemplated drawing a distinction between physical culture and athletics, in view of the fact that there was a tendency for athleticism to cause physical culture to deviate from its true principles. Statistics received from insurance companies showed that there was a considerable number of diseases of the heart among athletes.

He would point out that Professor Ottolenghi was the moving spirit in a school of physical culture at the University of Bologna, which was a veritable model. The courses lasted several years and ended with the granting of a degree in physical culture.

Dr. RAJCHMAN, in regard to procedure, reminded Sir George Buchanan that last year he had been confronted by the same difficulties as the result of a Czechoslovak proposal upon which, at first sight, it had appeared to be difficult to act. It had been decided to institute a preliminary enquiry, after consultation and examination with the Czechoslovak authorities themselves. The same procedure might be followed in this case.

Professor Ottolenghi had proposed to compare the experience obtained in the various higher educational centres in order that an idea might be formed of the work accomplished, of its extent, of the technical difficulties encountered and of the advantages which might be obtained from international co-operation. Dr. Carrière and Professor Nocht, on the other hand, had raised a question of health policy by emphasising the necessity of controlling physical education and of taking due precautions against certain abuses.

It would seem that the same method might be adopted as last year and that a group of experts might be entrusted with a preliminary examination of the question. It would, of course, be necessary for them to familiarise themselves with the experience of their own countries.

Dr. TSURUMI said that this procedure was satisfactory to him. An institute of physical culture had been established at Tokio, as was stated in his report upon school hygiene.

Sir George BUCHANAN said that if the Health Committee decided to entrust the Medical Director and the experts with an examination of the question, it might be well to appoint one or two members of the Committee as Rapporteurs or to adjourn this subject until the new committee had been appointed.

Dr. RAJCHMAN observed that, hitherto, members of the Committee had rightly been appointed in order either to follow technical conferences or to direct them. In this case, however, all that was proposed was an examination which would result in the submission of a report to the Committee. He thought that the Committee might rely on him in this case.

Sir George BUCHANAN said that, if the matter were made one of confidence, he could not insist. He had thought, however, that, from the outset, members of the Committee like Professor Ottolenghi, Professor Nocht and Dr. Carrière might participate in the enquiry.

The PRESIDENT thought that the Health Committee might adopt the proposal of Dr. Rajchman, who would, of course, keep in touch with the members of the Health Committee who had spoken on this question.

The third resolution referred for examination to the Health Committee was as follows :

> "The Second Committee, having taken note that the International Economic Conference's plan of enquiry is to include an examination of the problem of nutrition (document A.24.1926.II), points out the interest which would attach to the supplementing of this enquiry by a study of the problem from the standpoint of race improvement. This study should take into account, in particular, the work of the Health Organisation regarding infant mortality, as well as the reports by the Japanese Institute of Research into nutrition problems included in the publications of the Health Committee."

Dr. RAJCHMAN said that the delegation of Uruguay had explained to him the scope of this proposal. In certain countries of South America the question of food supply had a particular importance, as their wealth was based on the export of meat and cereals.

This problem had important economic aspects and would be examined by the International Economic Conference. The delegation of Uruguay, however, had insisted on the importance of the health aspects of the question, and it had stated that it was not asking for an immediate enquiry and that it was content to draw the attention of the Secretariat to this question in order that it might be kept in mind.

The Committee noted the proposal.

Sir George BUCHANAN took this opportunity, before the Committee concluded its discussions on these resolutions, to state that he had been present at a meeting of the Second Committee of the Assembly at which Dr. Lutrario had given an account of the work of the Health Committee. He would like to say how very much he had appreciated this account.

260. Trachoma : Supplementary Report by Dr. Lutrario and Dr. Jitta.

Dr. LUTRARIO submitted a report (Annex 119) intended to complete the document which Dr. Jitta and he had submitted at the May session.

The various legislations and the epidemiological and social data were difficult to compare and did not enable the progress of the campaign in the countries of Europe to be ascertained. The present enquiry dealt with twenty countries. He was asking the Health Section to complete it in order that all the aspects of the question might become apparent.

This document contained, among other things, a survey of the position as to prophylaxis in Italy. Out of 120,000 pupils in Sicily, 5.5 per cent had been attacked. The number of special dispensaries had been raised from 156 to 196. Schools and sanatoria had been established in order that courses might be given for doctors and with a view to defining the principles for making an early diagnosis. At the end of the document there was a list of countries in which it was thought it might be useful to collect information.

The PRESIDENT said that the Committee was glad to have this report, which was full of useful information. It would be submitted to the Office international d'hygiène publique, where it would be more thoroughly discussed.

Dr. JITTA thanked Dr. Lutrario for the task which he had accomplished and associated himself with the request which he had made. The present diversity of the methods employed resulted in a loss of labour and money, and a meeting of experts might frame certain general rules which would contribute to the progress of prevention and treatment.

Dr. TSURUMI accepted with pleasure the request for supplementary information, which the Japanese authorities would do their best to satisfy.

Sir George BUCHANAN reminded the Committee that the same procedure had been followed by the Office international in dealing with scarlatina, with results which had been very satisfactory.

EIGHTH MEETING.

Held on Tuesday, October 19th, 1926, at 10 a.m.

Present : All the members of the Committee with the exception of Professor Cantacuzène, Dr. Chagas, Surgeon-General Cumming, Dr. Granville and Dr. Alice Hamilton.

261. Examination of the Draft Report to the Council on the Work of the Eighth Session of the Committee.

The draft resolutions relating to the work of the eighth session were read.

Resolution I.

The resolution was adopted.

Resolution II.

Dr. RAJCHMAN stated that the Secretariat had on the previous day received a letter from the Belgian Colonial Office intimating that the Belgian Ministry for Foreign Affairs was examining the possibility of supporting the enquiry for a further six months, its duration having originally been fixed at twelve months.

Moreover, a letter from the British Foreign Office had been received stating that the British Government had applied to the Administrations of the Sudan and the British African Colonies with a view to obtaining from these Administrations for 1927 a contribution equal to one-half of their contributions for 1926, it being understood that the contributions thus requested would be final, and that the other Governments concerned would also make further proportionate contributions.

The resolution was adopted.

Resolutions III *to* VI.

Resolutions III *to* VI *were adopted.*

Resolution VII.

Sir George BUCHANAN explained the sense in which he desired this resolution to be adopted. The Smallpox and Vaccination Commission would have to choose from among the various experts those who were most suitable for the work which was now ready for expert consultation. Subsequently, the Commission would confer with other experts at its discretion — for example, those specially interested in the meningitis question, which was not yet ready for further discussion. In any case, it would be for the Commission itself to take the decision.

The resolution was adopted with various amendments.

Resolution VIII.

Professor Léon BERNARD emphasised the importance of collecting documents dealing with the various legislations. The question had been much studied in France, and if it had not been possible to make a general investigation, this was owing to a lack of information as to the regulations in force in the small towns. It was impossible to conceive of an investigation into health in schools without investigating medical inspection in schools.

M. VELGHE agreed. It was not, however, sufficient to collect existing regulations. It was necessary to see how they were applied in practice. In Belgium, inspection of schools was organised under the law, even in the smallest villages, but the application of the law varied greatly from one commune to another. All those who were familiar with the question knew the difficulties presented by the organisation of the inspection of schools in the country. He would ask the Medical Director not to lose sight of his suggestion.

Sir George BUCHANAN observed that, for this reason, it had seemed to be advisable to contemplate a conference of competent persons in order to deal with this question by discussion rather than by documentation.

M. VELGHE explained that, in his view, it was not a question of asking the administrations of various countries in what way the regulations in question were applied but of asking them if they could include in the material sent printed documents concerning the application of the regulations in force.

As regarded the proposed commission, probably the future Health Committee would appoint it at some future date. The need for such a commission would certainly become apparent when the necessary information was available.

Dr. RAJCHMAN explained that the Secretariat was at that moment considering the possibility of increasing its archives by the creation of a new section which would, as far as possible, contain all the laws relating to health.

The suggestion of M. Velghe might be carried out in the following manner. In the *Year-Book* for 1926 the administrations which had consented to collaborate with the Section would be invited to devote some paragraphs to the question.

M. VELGHE proposed that the Medical Director should send to the members of the Committee from time to time a provisional catalogue of the archives to which he had referred. Perhaps this would, at a given moment, encourage the health administrations or even the members of the Committee to consult them.

Dr. RAJCHMAN thought that the Section would be able to send the catalogue to the members of the Committee, at the same time asking them for suggestions.

This proposal was approved.

The resolution was adopted.

Resolution IX.

Dr. RAJCHMAN proposed to add a second paragraph to the resolution, and, at the request of Professor Léon Bernard, gave his reasons for this addition.

The report of the conference of experts had been discussed in detail. It had become apparent that the question had a special interest for Latin America. It was impossible, however, to undertake an enquiry dealing with all the countries of this continent, and it had therefore been decided to confine it to certain of them. The five or six experts appointed would be invited to begin their investigations. When their work was sufficiently advanced, that was to say, in five or six months, these experts would be convened, perhaps at Montevideo, in order to compare the results obtained and to prepare a report.

The resolution was adopted with the additional paragraph proposed.

Resolutions X *and* XI.

Resolutions X *and* XI *were adopted.*

Resolution XII.

Professor Léon BERNARD felt it necessary to draw the attention of the Committee and of the Medical Director to the risks involved in the dispersion of the work in the field of infant welfare. There was a clear tendency to study separately the various aspects of this problem, and abuses had occurred in certain directions owing to the failure to co-ordinate the enquiries and to regulate the various measures of application. It would be indispensable, when the various studies came to be compared, that they should be harmonised.

Dr. RAJCHMAN agreed with Professor Léon Bernard as to the execution of the measures to be taken. It was indispensable to adopt a special resolution on the subject of physical education, as a resolution on this point had been adopted by the Assembly.

The resolution was adopted.

Resolution XIII.

Adopted.

Resolution XIV.

Dr. LUTRARIO, on behalf of Dr. Jitta and on his own behalf, submitted a draft resolution on trachoma.

Sir George BUCHANAN wondered whether this resolution was not somewhat too general in character. It might be inferred that the enquiry was now to be pressed in all countries, the majority of which had not replied to the questionnaire. In his opinion, the enquiry should be limited to the countries which were particularly interested in the question. He associated himself with the draft resolution, if he might interpret it in this manner.

Dr. LUTRARIO approved the interpretation of Sir George Buchanan. It was stated in the draft resolution that the work would be done in the sense indicated in the report, which meant that the proposal was to make the data homogeneous and to continue the enquiry in certain countries.

The resolution was adopted.

The report as a whole was adopted (Annex 121).

262. International Conference of the Red Cross on Health Conditions in the Merchant Marine: Note by Dr. Madsen.

The PRESIDENT summarised as follows the proceedings of the International Conference of the Red Cross on Health Conditions in the Merchant Marine, held at Oslo from June 28th to July 4th :

"The Health Organisation of the League of Nations was represented at the above Conference by Dr. Madsen and Dr. Norman White. The Conference was attended by representatives of the International Labour Office, the International Federation of Transport Workers, the International Red Cross Committee, the League of Red Cross Societies, the National Red

Cross Societies, and other interested organisations from China, Costa Rica, Finland, France, Germany, Great Britain, Italy, Japan, the Netherlands, Spain, Sweden and the United States.

"The Conference recorded its appreciation of the initiative taken by the Norwegian Red Cross in the organisation of the Conference and of the work done by that society for the improvement of the health and welfare of merchant seamen. It concluded that there was in nearly all countries a need for a further development of the work on behalf of the general health and welfare of seamen, special emphasis being laid on the dangers from tuberculosis, venereal diseases and tropical diseases.

"The Conference recommended that bureaux should be established in seaports throughout the world in close touch with one another, their principal duties being to furnish seamen with information as to where appropriate medical advice and treatment could be secured, and to provide seamen with postal facilities and information concerning the local resources for their recreation and accommodation.

"It was proposed that the League of Red Cross Societies should invite the National Red Cross Societies of maritime countries to take the initiative in the establishment of these bureaux in consultation with the shipping and other organisations interested, whose collaboration should be invited in promoting the work of general welfare.

"The Conference further recommended that the League of Red Cross Societies should invite the International Labour Office, the Health Organisation of the League and other international organisations to co-operate in appointing a standing committee to deal with the welfare of seamen and to arrange for expert investigations on certain medical subjects and welfare conditions in general.

"In accordance with this last recommendation, the Director-General of the League of Red Cross Societies invited the Health Committee to nominate a member of the proposed standing committee, suggesting that the standing committee should meet twice a year — if possible, when the Permanent Committee of the Office international d'hygiène publique was in session."

Dr. MIMBELA wondered whether the Committee should not appoint Professor Cantacuzène, who represented the League of Red Cross Societies.

The PRESIDENT thought that the appointment of this very distinguished colleague would be excellent, but asked if, in this special case, it would not be preferable to appoint one of the members of the Committee who was specially competent in matters of maritime health. He would propose Dr. Raynaud, who was a member of the Permanent Committee of the Office international and who had especially studied the very important questions concerning conditions in the Mediterranean.

Sir George BUCHANAN observed that the question had not been placed on the agenda of the session. He had received Dr. Madsen's note only on the previous day. Perhaps it was not absolutely necessary to take an immediate decision.

The PRESIDENT asked if it was necessary to postpone the question to the next session.

Dr. RAJCHMAN thought that the Committee might delegate to the bureau the task of appointing a member.

The PRESIDENT explained that the proposed permanent mixed committee would not meet before all its members had been appointed. The International Labour Office had appointed Dr. Carozzi.

Professor Léon BERNARD reminded the Committee that he was the Medical Adviser of the League of Red Cross Societies, and said he considered that it was important to proceed without delay to the appointment of a representative of the Health Committee. Before the official meeting of the permanent mixed committee, its members might perhaps desire to have an exchange of views among themselves. The question was not of vital importance, and it did not appear that there were any objections to entrusting this mission to Dr. Raynaud.

Sir George BUCHANAN thought that this was an excellent choice. Nevertheless, he was not acquainted with the subject. What would the proposed mixed committee do ? What would be its relations with the Governments ? What would be its powers ? Was the Health Committee competent to deal with problems which would be dealt with by this mixed committee ? He did not, however, object to the question being left to the bureau, which perhaps would permit him to submit observations later on, if necessary.

263. Congress on First Aid in the Event of Accidents.

Dr. JITTA said that he had represented the Health Committee at the Congress on First Aid in the Event of Accidents, which had been held at Amsterdam last September. He would refrain from giving an account of the discussions and decisions of that Congress, which had been truly international, as it had included representatives of Austria, Belgium, England, Norway, Sweden, Denmark, Germany, Spain, Switzerland, Italy, Greece, Egypt, and several countries of Latin America, etc. The success of the Congress was all the more remarkable as its predecessor had been held at Vienna in 1913 and it had been necessary to postpone its convocation until the present year. He would point out that a central institute had been

founded for the collection of documents and the examination of all subjects relating to first aid in the event of accidents. The Secretariat of this international institution was at Amsterdam.

Professor Léon BERNARD drew attention to the information already existing in the United States in regard to accidents.

264. Congress of French-speaking Doctors in North America.

Professor Léon BERNARD gave some information in regard to the Congress of French-speaking Doctors in North America, at which he had been present as delegate of the Health Committee. This Congress had been very remarkable, and the welcome which had been extended to him showed the interest aroused by the Health Committee throughout the world and particularly in Canada.

265. Washington Congress on Tuberculosis.

Professor Léon BERNARD, in the absence of Surgeon-General Cumming, emphasised the importance of the Congress which had been held at Washington and which had confirmed the value of the method followed by the Committee in the study of tuberculosis, a method which was highly appreciated by the Americans. He would point out that the statutes of the International Union had been modified and that, in conformity with the proposal in which he had taken the initiative, the Union would henceforth be universal. It was accordingly to be hoped that the scientists of all countries would be represented on the Union, including the Russian scientists.

266. Imperial Social Hygiene Congress.

Sir George BUCHANAN reminded the Committee that the Imperial Social Hygiene Congress had asked the League of Nations to send a representative to the meeting which this Conference was to hold at Wembley in October of last year in order to discuss the question of the prevention of venereal diseases. At the request of the Secretary-General, he had agreed to represent the Health Organisation, but, as he had not been able to go to the Congress, he had been represented by his colleague Colonel Harrison.

He had not been able to give an account of this Congress sooner because the printed volume containing the records of the meeting had only just appeared. He had received only one copy, which he had placed in the Library of the Secretariat. He hoped that other copies could be put at the disposal of his colleagues, as the proceedings contained several papers of much interest, on the practical side, regarding the prevention and treatment of venereal diseases in different parts of the British Empire, and also in regard to the position at British seaports, where much was already being done.

267. Appointment of a Member of the Health Committee on the Council of Governors of the School of Hygiene and Tropical Medicine in London.

Dr. RAJCHMAN reminded the Committee that, two years ago, it had agreed to appoint one of its members, Sir George Buchanan, to the Council of the Governors of this School. The management of the School had just written to the Secretariat to say that the term of office of the present Governors came to an end on December 31st, 1926, and it invited the Committee to elect a new member. Each of the Governors was re-eligible.

The PRESIDENT said that he was certain that all his colleagues would agree to reappoint Sir George Buchanan.

The Committee agreed.

268. Election of the New Health Committee.

The PRESIDENT said that the term of office of the present Committee expired on December 31st, 1926, and that the question of the election of the new Health Committee arose. He read the provisions laid down for this election in the Rules of Procedure of the Health Organisation. What would be the procedure for the consultation which was provided for between the Permanent Health Committee and the Council of the League ? It would have been preferable to convene the Permanent Committee after the meeting of the Office international in order that proposals might be addressed to the Council. As this method presented difficulties, he proposed that, after the election which would be held by the Committee of the Office international, there should be a conversation with the members of the Committee represented on the Office international, and that the final consultations should be left to the Bureau. Moreover, in view of the approaching departure of Sir George Buchanan for Australia, it would be advisable for the Bureau to be able to come to an understanding with him very shortly. A resolution would authorise the Bureau to act as the representative of the Permanent Health Committee.

M. VELGHE supported the proposal of the President. This would be the best way to ensure that the Committee would be complete at its next session, and for that purpose it was necessary to interpret the Rules of Procedure broadly. Personally, he thought that the best way of framing the proposals to be made to the Council was for the Bureau, after taking into account the nominations of the Office international and the wishes of the various members, and especially after having consulted Sir George Buchanan, to agree on the choice of the names to be submitted to the Council.

Sir George BUCHANAN observed that the interpretation according to which it was for the present Committee and not for the new Committee to address proposals to the Council had come as a surprise to most of the members. Accepting this as the correct procedure, he had no objection to the duty of nomination being on this occasion entrusted to the Bureau. On another occasion, the matter might be arranged so as to give the whole Committee the opportunity of voting. So far as he was concerned, he did not wish to enjoy privileges which were not similarly enjoyed by all his colleagues, though he was glad to note that the interest taken in the question by the British Empire was recognised.

Dr. RAJCHMAN read the following draft resolution :

"The Health Committee,

"In view of the stipulation contained in the agreement with the Office international d'hygiène publique which governs the Health Organisation of the League of Nations ; and

"In view of the desirability of making proposals to the Council of the League of Nations at an early date regarding the nomination of members to be appointed by the Council :

"Decides to authorise the Bureau to make the necessary proposals regarding the nomination of members of the Health Committee to be selected by the Council of the League of Nations."

The resolution was adopted.

269. Date and Agenda of the Next Session of the Committee.

The PRESIDENT suggested that the opening date of the next session should be fixed for February 14th.

The Committee agreed.

Sir George BUCHANAN said that a large number of questions had been referred to the new Health Committee, but they would in the normal course be taken at an ordinary spring session rather than at an extraordinary session. Perhaps it would be an advantage to limit the February session to essential formalities, such as the question of the appointment of assessors and the maintenance or dissolution of the present commissions ?

M. VELGHE thought it was difficult for the present Committee to decide what the new Committee would have to do. He appreciated the value of the observations of Sir George Buchanan. It might be assumed that the new Committee, which would doubtless include some of the present members, would, as far as possible, take into account the recommendation made by Sir George Buchanan.

Sir George BUCHANAN explained that he had raised the question because the President himself assumed that the new Committee would include a certain number of the present members.

270. Close of the Session.

The PRESIDENT said that, before closing the last session of the present Health Committee, it might be interesting to make a retrospective survey of the work which had been accomplished. He obviously could not submit a complete summary. He could, however, affirm that, during the existence of the present Health Committee, the work of the Health Organisation had made great progress. It had gained in importance, and the fact was always more clearly recognised by each Assembly. The Assembly of the League of Nations had, in fact, at each of its sessions, shown its confidence in the Committee by entrusting it with tasks which were continually more considerable and which sometimes went beyond its resources. This proved, at any rate, that the Health Organisation was to-day occupying a very important place.

It was unnecessary to point out that this result was due in the first place to the work done at Geneva, and the gratitude of the Committee was, for the most part, due to its Secretariat.

The Committee was in the habit, at the end of each session, of addressing to its Medical Director thanks which were more and more cordial. If the formula which he used was always the same, that was only because words failed him in expressing the depth of the gratitude of the Committee. He had no need to praise, before his colleagues, the initiative and truly exceptional spirit of organisation of the Medical Director.

It must also be recognised that the Medical Director had known how to choose a staff of the highest ability to assist him, and many thanks were due to the technical members of the Health Section, particularly to Dr. Norman White, to whom the Committee owed the creation of the Bureau at Singapore, which was one of the most important works of the Organisation. He did not wish, however, to forget any of the collaborators of the Medical Director. Although they were few in number, they had carried out an admirable work. It was difficult to believe that the members of the Secretariat had been able to submit to the Committee work of so considerable a volume and so well done.

He thanked also the technical Commissions, whose task had developed proportionately as the work entrusted to the Committee had increased. He would thank their Chairmen and their experts. The work of the Committee would not have had so much importance without their talent and their zeal.

Finally, he thanked the members of the Health Committee themselves, even those who, at the beginning, had shown some doubt as to the importance of the work of the Committee but who now had come to appreciate its value. There had gradually developed among the members of the Committee real sentiments of friendship, and its discussions had become continually more cordial.

As President, he would thank all the members of the Committee for having assisted him. Thanks to their assistance, his task had usually been an extremely easy one.

He might have attempted to describe the work to which the new Health Committee would have to devote itself, but it was better that this duty should be left to the Committee itself. He would confine himself to thanking all the members of the Committee for the friendship which they had shown to him.

M. VELGHE said he was certain that the present occasion, which was the last day in the life of the present Health Committee, would leave in the minds of its members a feeling not of regret but of real emotion. The President had said that he had not wished to look back on the work accomplished. He regretted that there was not at the disposal of the Committee a document showing the importance and extent of all the questions with which it had dealt. Nevertheless, the Committee had the feeling that its work had been fruitful and that the President had very justly thanked the Secretariat, the members of the Commissions and the members of the Health Committee for the work done. He had justly, also, emphasised to what extent the work of the Committee had been appreciated both by the Assembly and by persons outside.

The President of the Committee, however, had been too modest. He had not given sufficient value to the share which he had taken in the work of the Health Committee. He had said that his task as President had, in general, been easy, but M. Velghe would venture, as a member who had been very closely associated with him for five years, to state that in reality the task of the President was not always easy — that it was often difficult ; that, in any case, it had been considerable and that it merited the very special gratitude of the Committee. It was precisely because he had seen the President at work every day during the sessions of the Committee that he desired, from the bottom of his heart, to bear witness that he had been a most useful — an indispensable — instrument in ensuring the progress of the work. Thanks to the President, there had prevailed among the members of the Committee an atmosphere of courtesy, cordiality and friendship, as he had known how to give their dealings and discussions a character of distinction and excellence such as was worthy of a society of gentlemen.

In conclusion, he would express the wish not only that, in the new Health Committee, the present members would meet again as far as possible but that those among them who formed part of the next Committee would again be able to secure Dr. Madsen as their President.

The PRESIDENT said that he was extremely touched by the very kind words addressed to him and that he thanked all his colleagues.

Professor Léon BERNARD said he would ask to be excused for addressing the Committee and not leaving it under the impression left by the words which had just been uttered. There was among the members of the Committee a man who, by the side of the President, had rendered services which were more considerable than those rendered by anyone else. He was referring to M. Velghe. It would not be just to allow the somewhat eventful existence of the first Health Committee to come to an end without paying a special tribute to the distinguished services of M. Velghe and without thanking him for what he had done. The work accomplished by the President was inseparable from that done by the Vice-President. If the President might be likened to the presiding genius, M. Velghe had been his guardian angel. His collaboration had been highly useful to the President, and for that reason M. Velghe should be associated with the President as regards the compliments and the feelings of gratitude which had just been expressed on behalf of all the members.

M. VELGHE said that he was somewhat embarrassed by the words of his friend Professor Léon Bernard, but would wish only to remember that these words were a proof of the sympathy of Professor Léon Bernard and of all his colleagues for himself and also of the feelings of affection which existed between himself and the President of the Committee.

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ANNEX 108.

REPORT OF THE MEDICAL DIRECTOR ON THE WORK DONE SINCE THE SIXTH SESSION OF THE HEALTH COMMITTEE

(*May-October* 1926).

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1. I have had the honour to communicate to the Committee the reports of Viscount Ishii on the work of the sixth and seventh sessions of the Health Committee, which were approved by the Council of the League on June 7th and on September 2nd respectively.

I have also communicated to all the Members the following documents:

May	5	C.268.1926.	Report on the Work of the Sixth Session of the Health Committee (Resolutions).
	20	C.H. /E.P.S. /103.	Voyage collectif d'étude organisé par le Comité d'hygiène dans le Bassin de la Méditerranée, du 10 novembre au 24 décembre 1925. Rapport d'ensemble du Dr. Raynaud. (French only.)
June	5	C.268(1).	Report on the Work of the Sixth Session of the Health Committee (completed).
	18	C.H.479.	Note concerning current events.
»	19	C.H.476.	List of printed publications.
	24	C.H.481.	Meeting of the Expert Committee on Oral Vaccination against Cholera, held on June 4th, 1926, at the Pasteur Institute, Paris (Minutes).
	29	.....	Contribution à l'étude générale du paludisme en Syrie, par les Docteurs Delmas et Trabaud (dédié à la mémoire des Drs. Darling et Lothian et de Mlle. Besson). (French only.)
July	7	C.H.490.	Conference in Melbourne, December 1926, on health problems in the Pacific Islands. (Copy of letter received from British Foreign Office.)
	9	C.H.488.	Correspondence exchanged between the Health Section and Dr. Alexander Mitchell as to the enquiry into tuberculosis among natives in South Africa.
	12	C.H.491.	Memorandum with regard to the Darling Memorial Prize fund.
	15	C.H.478(1).	Draft Agreement presented by the Bureaux of the Office international d'hygiène publique and of the Health Committee of the League of Nations to their two Committees.
	17	C.H.493.	Creation by the University of Paris of the new Degree of " Malariologist " for physicians.
	23	C.252.M.96.1926.	Minutes of the Sixth Session of the Health Committee (April 26th-May 1st, 1926).
	23	C.H.495.	Trachoma in Italy (Distribution). Report by Dr. Lutrario.
	28	C.H. /Malaria /58(1)	Rapport sur le voyage d'études de la Commission du paludisme en Espagne (13 août-7 septembre 1925). (French only.)
Aug.	11	A.22.1926.III. C.H.494(1).	Report on the Work of the Seventh Session of the Health Committee, held in Paris on June 19th and 20th, 1926.
»	21	C.440.M.170.1926.	Minutes of the Seventh Session of the Health Committee, Paris, June 19th and 20th, 1926.
	25	C.H. /P.E. /2(1).	Conference of Experts on Infant Welfare to be held in Geneva on September 27th, 1926. Provisional agenda.
	26	C.H.284(1).	Summary of the Report on Tuberculosis Statistics addressed by Dr. S. Rosenfeld (Vienna) to the Health Committee of the League of Nations in April 1925.
Sept.	2	C.H. /Cancer /8(1).	Quelques considérations sur la statistique de la mortalité par cancer en Suisse, par le Dr. Carrière. (French only.)

Sept.	3	A.6.1926. Extract No. 4. A.6(*a*).1926. Extract No. 4.	Chapters concerning the Health Organisation extracted from the Report and Supplementary Report to the Seventh Ordinary Session of the Assembly of the League of Nations on the Work of the Council, on the Work of the Secretariat and on the Measures taken to execute the Decisions of the Assembly.
»	6	C.H.343. Vols. I and II.	Code de l'hygiène publique dans le Royaume de Belgique. (French only.)
	8	C.H./Cancer/16.	Note on the Reliability of Inter-Local Differences in Mortality from Cancer, by Dr. Major Greenwood.
»	9	C.H.496.	Note transmitting a copy of the " Décret du 19 juillet 1926 concernant l'hygiène et la salubrité publique au Congo ".
»	10	C.H.497.	Note transmitting an invitation to attend the 89th Congress of the Association of German Biologists and Physicians, to be held in Dusseldorf, September 1926.
»	14	C.H.498.	Note concerning current events.
»	14	C.H.499.	Provisional agenda of the Eighth Session of the Health Committee, Geneva, October 13th-20th, 1926.

2. The Committee will be glad to learn from the resolutions of the seventh ordinary session of the Assembly and from the Report on the Work of the Health Organisation that its activities have received the entire approval of the Assembly. I should like particularly to emphasise the decision taken with regard to the provision made in the Budget of the League for the expenses of the Singapore Bureau of Epidemiological Intelligence for the year 1927.

3. As the two extracts from the general report of the Secretary-General relating to the activities of the Health Organisation complete the Annual Report for the year 1925, there only remains for me to present a short summary of what has been done since the month of May.

The Committee will perhaps desire to discuss these different activities under the following headings:

A. The Service of Epidemiological Intelligence and Public Health Statistics and the Singapore Bureau;

B. The Interchanges of Health Personnel;

C. The Health Insurance Enquiry;

D. The International Rabies Conference;

E. The International List of Causes of Death.

I am presenting to the Committee special notes on each of these questions.

4. In accordance with the resolutions of the April session, Dr. Raynaud will present a report as to the possibility of collecting epidemiological information from certain health administrations in Africa.

Sir George Buchanan will present a report on the work of the Cancer Commission. This Commission will meet on October 11th, concurrently with its Statistical Sub-Committee.

Dr. Lutrario will present a progress report on the work of the Malaria Commission. This Commission has been convened for the morning of October 13th.

I am transmitting to the Committee a note on the progress of the studies and investigations of the Smallpox and Vaccination Commission. The President of this Commission will present a report on this subject.

I have already communicated to the Committee the report of Dr. Duke, President of the International Sleeping-Sickness Commission.

The group of experts on Infantile Mortality will meet at Geneva from September 27th to 29th and I hope to be able to communicate its report before the opening of the session of the Health Committee.

The interchange of Port Medical Officers of the Baltic and North Seas is now proceeding under the direction of Dr. Jitta, the final conference having been convened to Geneva for October 11th and 12th.

The tour of the Malaria Commission in Sicily will extend from September 28th to October 11th, and the Members of the Commission will be able to arrive in Geneva in time for the session of the Health Committee.

The Permanent Standards Commission will meet at Geneva on October 11th, 12th and 13th. At the same time will take place a Conference of the Directors of Institutes and Laboratories who have undertaken, on the invitation of the Health Committee, experimental research on anti-dysenteric and anti-tetanic sera.

On the invitation of Professor Nocht, the German members of the various technical Commissions of our Organisation will meet in conference at Geneva on October 11th and 12th.

C. H. 501.
Annex (a).

THE SERVICE OF EPIDEMIOLOGICAL INTELLIGENCE AND PUBLIC HEALTH STATISTICS.

1. During the past half-year the following countries have been added to the list of those regularly supplying us with epidemiological information : Albania, Chile, China, Costa Rica, Luxemburg, Peru, Anglo-Egyptian Sudan and Transjordan.

2. The fact that the Section has begun to receive information concerning the prevalence of epidemic diseases in China is a significant development. This information has been supplied by the National Epidemic Prevention Bureau at Peking.

In June 1925, letters were addressed by the Bureau to leading practitioners of Western medicine in all the eighteen provinces of China and in Manchuria asking them for information regarding the prevalence of the chief communicable diseases in their respective districts. The replies to these letters form the basis of the reports issued by the bureau. The diseases reported on were selected in accordance with the requirements of the Singapore Bureau.

The reports are received monthly; geographic considerations and the insufficiency of modern means of transport are sufficient explanation of the fact that the information is three months in arrears when despatched from Peking, a delay by no means great in view of the special difficulties involved. This new development is worthy of every encouragement.

3. The time elapsing between the termination of the reporting period in the different countries and the date of despatch of the data to Geneva still varies greatly; this largely depends upon the notification systems in force. The periods covered in the returns of infectious diseases emanating from different countries also lack uniformity — 47 countries send weekly reports, eight ten-daily, ten half-monthly, and 69 monthly reports. The adoption of a uniform period of reporting, similar to that adopted by the ports of the Far East, would be a great convenience and would increase the utility of epidemiological statistics.

The following table shows that the reports from many administrations are being received with increasing promptitude. Colonies for which data are obtained through a Colonial Ministry are not included.

A. *Countries from which weekly, ten-daily or fortnightly reports are received.*

Country	Letter reaches Geneva in days	Average days between end of reporting period and receipt in Geneva 1925	1926	Country	Letter reaches Geneva in days	Average days between end of reporting period and receipt in Geneva 1925	1926
Europe :							
Austria	2	40	26	Northern Ireland	2	9	8
Belgium	1	15	15	Italy	1	30	36
Bulgaria	2	16	14	Netherlands	1	9	9
Czechoslovakia	2	30	28	Poland	2	38	26
Danzig	2	12	12	Saar Territory	1	19	18
England and Wales	1	9	10	Scotland	2	8	6
Finland	5	27	26	Kingdom of the Serbs, Croats and Slovenes	2	39	14
Germany	1	26	19	Sweden	3	19	20
Hungary	2	35	12	Switzerland	½	12	10
Irish Free State	2	6	6				
Africa :							
Algeria	3	14	14	Sudan (Anglo-Egyptian)	8	—	16
Egypt	6	19	14	Tunisia	3	10	10
Southern Rhodesia	22	29	30	Union of South Africa	19	32	31
America :							
Ecuador	26	34	34	United States	10	21	26
Asia :							
Formosa	28	43	43	Philippine Islands	27	45	47
India	15	55	48	Siam	25	51	44
Iraq	13	25	36	Shanghai	28	40	40
Japan	30	50	40	South Manchuria Railway Zone	31	42	40
Java	24	74	59	Transjordan	11	—	30
Kwantung	31	42	40				
Palestine	10	46	24				
Australasia :							
Australia	28	62	53	New Zealand	33	43	42

B. *Countries from which monthly reports are received.*

Country	Letter reaches Geneva in days	Average days between end of reporting period and receipt in Geneva 1925	1926	Country	Letter reaches Geneva in days	Average days between end of reporting period and receipt in Geneva 1925	1926
Europe:							
Albania	3	—	27	Latvia	3	44	38
Denmark	2	24	24	Lithuania	3	35	32
Estonia	3	17	17	Norway	3	23	29
France	1	28	28	Roumania	3	109	59
Greece	3	38	26	Russia	3	110	87
America:							
Canada	10	74	66	Mexico	16	51	46
Chile	32	—	61	Panama Canal Zone	20	43	54
Costa Rica	21	—	41	Peru	18	—	36
Asia:							
China	30	—	133	Syria	10	—	36
Korea	30	60	58				

The following Health Administrations kindly forward preliminary data which in many cases are available a considerable time before their publication in the national bulletins:

Europe:

Albania	Finland	Latvia
Bulgaria	France	Lithuania
Czechoslovakia	Greece	Poland
Danzig	Hungary	Roumania
Denmark	Irish Free State	Russia
Estonia	Italy	Saar Territory

Africa:

Algeria	Egypt	Union of South Africa [1]
Anglo-Egyptian Sudan	Southern Rhodesia	

America:

Canada	Dominican Republic	Mexico
Chile	Ecuador	Panama Canal Zone
Costa Rica	Haiti	Peru

Australasia:

Australia

Asia:

Korea	Kwantung	Siam
Dutch East Indies	Palestine	South Manchuria Railway Zone
Formosa	Persia (Teheran)	Syria and Grand Lebanon [1]
Iraq	Philippine Islands	Transjordan
Japan	Shanghai	

The Medical Service of the French Colonial Office kindly supplies the Section with copies of telegrams regarding the prevalence of plague, cholera, yellow fever and other serious epidemics in all French colonies.

5. *The Weekly Record.*

The *Weekly Record*, of which twenty-six numbers had been issued up to September 23rd, consists of two parts:

A. The regular weekly telegraphic report received from the Singapore Bureau which gives the number of cases and deaths from plague, cholera and smallpox, and infected rats found in the 112 ports served by the Bureau. To this are appended the names of the ports which have remained free from these infections during the week, and of the ports from which no returns may have been received in time for publication.

B. Information regarding plague, cholera, yellow fever, typhus and smallpox extracted from official returns received at Geneva during the week ending the day before issue.

That the *Weekly Record* has been of service to Health Administrations is shown by the fact that it is constantly quoted in those publications of national Health Services which contain epidemiological information for foreign countries.

6. *The Monthly Epidemiological Report.*

No important change has been made in this publication since the last meeting of the Committee; each number continues to contain about 70 pages.

[1] Telegraphic information regarding the prevalence of plague is also received for these countries.

7. *The Annual Report on the Prevalence of Infectious Diseases.*

The report for 1925 is somewhat wider in scope than the two previous volumes and contains, in addition to data for all diseases which are notifiable in such countries, statistics of births, deaths, infant mortality and deaths from selected causes in large towns. Meteorological returns are also given for a number of towns. Practically all Health Administrations verified the statistics for 1925 and previous years before publication, revised tables having been received from 58 countries as compared with 42 and 24 in the two previous years. The British Ministry of Health and the French Colonial Office kindly verified the data for their colonies and mandated territories. Tables for the Belgian Congo were kindly furnished by the Belgian Colonial Office, tables for Cyrenaica and Tripolitania by the Italian Colonial Office and tables for Hawaii and Porto Rico by the United States Public Health Service.

The tables referring to the causes of death in the various towns were verified partly by the respective municipal statistical offices and partly by the Health Services of the countries concerned.

The general review contains a rather more detailed survey of the situation regarding each of the epidemic diseases than it was possible to give in the two previous annual reports. It may be mentioned that a considerable amount of information concerning the prevalence of leprosy throughout the world is included in this review, which contains also a short survey of the trend of tuberculosis and of infant mortality.

8. *The Singapore Bureau* now receives and distributes weekly telegraphic information regarding the prevalence of plague, cholera and smallpox, and any other unusual epidemic manifestation, in all important ports of Asia, Australasia and on the east coast of Africa, from which such information is available. A considerable number of ports also report on plague infection among rats and several give weekly total mortality rates from all causes.

One hundred and twelve ports now report regularly as compared with 87 ports in April last and 47 in October 1925. The area thus served by the Bureau extends from Alexandria and Capetown in the west to Honolulu and Papeete in the east.

The considerable cost involved by this system of telegraphic transmission of epidemiological intelligence is being reduced by an increase in the number of stations broadcasting the information by wireless telegraphy. In addition to the broadcasting from Saigon, Malabar (Java), Bombay and Sandakan, which was already in operation at the time of the April meeting of the Committee, the weekly bulletin of the Bureau is now also being broadcasted every Friday from the stations of Madras, Calcutta, Karachi and Shanghai. A number of administrations have informed the Bureau that they can pick up regularly this information and therefore can dispense with the weekly cable.

Other information received regarding the movement of infected ships, quarantine notifications, pilgrim ships and the movement of emigrant labour forces is published by the Singapore Bureau, together with current epidemiological information, in the *Weekly Fasciculus*, of which 80 numbers have appeared. This fasciculus also contains a summary of general epidemiological reports received from the countries served by the Bureau, as well as the weekly mortality rates and weekly rainfall records for about twenty cities.

It has been possible by means of this information to follow the progress of the serious cholera epidemics which have occurred in the Far East during the last year.

The Bureau's collection of information regarding the ports in the area is growing. By the end of the year, the Director hopes to have up-to-date statistical information as regards every port served by it and charts and photographs of all the quarantine anchorages and quarantine stations in the Bureau's area.

A new edition of the "AA Cable Code" (168 pages) has been prepared by the Singapore Bureau and circulated to the various administrations concerned. The new code, which is bilingual, contains a much larger number of phrases concerning matters of public health interest than the old edition. It will be employed for the Bureau's communications from October 1st.

This code is specially designed for the area at present served by the Bureau and no code symbols for ports and localities outside this area are contained therein. A supplement is under preparation whereby the code can be made to serve the needs of other parts of the world.

Steps are being taken to convene the next session of the Advisory Council of the Bureau at the end of January 1927. At the last session the members were asked to obtain the views of their Governments regarding the constitution of this Council; no expression of opinion has been received either in Singapore or Geneva from any member regarding this matter, so, for the present, the Council will be constituted as heretofore.

Dr. Brooke, the Director of the Bureau, proceeds on long leave in November. Before his departure, he will write a report on the activities of the Bureau during the current year. This report will be circulated as early as possible to members of the Advisory Council.

It is hoped that the Advisory Council at its meeting in January will be able to put forward budgetary proposals not only for 1927 but also for 1928, so that the latter may be considered by the Health Committee at its spring session along with its own financial requirements for that year. This is all the more necessary in view of the inclusion by the seventh ordinary session of the Assembly of a contribution to the funds of the Singapore Bureau in the budget of the Health Organisation.

The Advisory Council will at its next session have before it proposals regarding co-ordination of research in the East on important questions of international concern. The investigation into the efficacy of buccal vaccination against the intestinal group of infections will be further considered, and it is hoped that recommendations will be made as to the work that can be done with regard to buccal anti-cholera vaccination on the lines laid down at the expert meeting held in Professor Besredka's laboratory in Paris in June last.

With regard to plague, Dr. Wu Lien-Teh has put forward tentative proposals regarding an investigation in Manchuria which will also be discussed.

9. In the light of the preceding remarks concerning the work of the Epidemiological Intelligence Service and more especially of its Singapore Bureau, it may be of interest to consider how far that work would satisfy the requirements of the International Sanitary Convention of Paris, 1926, or what modifications of or additions to the work would be entailed, when the Health Organisation's collaboration with the Office international d'hygiène publique is arranged on the basis of the " Draft Agreement " adopted by the Sixth Session of the Health Committee.

In spite of the fact that all information supplied to the Health Section by administrations is given voluntarily and not imposed by a Convention, the Singapore Bureau to all intents and purposes is already carrying out many of the obligations imposed on the "Office" by the Convention for the large and important area which the Bureau serves.

It would be convenient to summarise the obligations of signatory countries towards the Office international d'hygiène publique and the obligations of the latter towards signatory countries.

The " Office " is to receive and disseminate information concerning:

1. First cases of plague, cholera, yellow fever and fresh outbreaks of smallpox and typhus (Article 1).
2. Locality where disease has appeared ; date; number of cases and deaths; extent of outbreak; (plague) rat-plague; (cholera) cholera-carriers; (yellow fever) stegomyia index; and measures taken (Article 6).
3. Progress of epidemics and measures taken to prevent extension and export of infection (Article 4).
4. Rat-plague (Article 6).
5. Cessation of infection (Article 12).
6. Measures imposed on arrivals from infected territory (Article 16).
7. Sanitary equipment of ports (Articles 14 and 50).
8. Regional agreements (Articles 9 and 57).
9. Deratisation measures (Article 28).

The Singapore Bureau already satisfied most of the requirements of 1, 2, 3, 4 and 5, which are concerned with the first appearance of the disease, progress of epidemics, rat-plague and the cessation of infection; but its attention has been confined, as regards telegraphic information, to the prevalence of diseases in ports. Action under 6 (Measures imposed on arrivals from infected territory) has hitherto been confined to the publication in the *Weekly Fasciculus* of the Singapore Bureau of official quarantine notifications of different Governments. A good deal of work has been done by the Singapore Bureau to collect the information called for by Articles 14 and 50 (Sanitary equipment of ports), though no steps have yet been taken to disseminate this information to other countries in the area. The Singapore Bureau has not been concerned with regional agreements (Item 8), but the Health Organisation of the League has already done some work along this line. No systematic attempt has been made to collect and publish information concerning deratisation activity in the different ports of the world (Item 9) other than that contained in the report of the Mission to the Far East and in the studies made of this question during the Mediterranean interchange.

From the above it will be seen that, in so far as the area served by the Singapore Bureau is concerned, the Health Organisation could undertake, on behalf and in the name of the Office international, all the conventional duties imposed on that body without any increase of personnel and without incurring any appreciable additional expenditure. In practice, only a slight addition to the present length of the weekly broadcast would be entailed, even when the Convention is in full operation. Moreover, the cable code of the Eastern Bureau is well adapted for purposes of the Convention.

Information which the " Office " or bureaux acting on its behalf will have to disseminate telegraphically will consist chiefly of information concerning the first appearance of infectious diseases, including rat-plague, and of a weekly statement concerning the cases and deaths reported in the chief ports. Most of the other information described above could conveniently find a place in either weekly or monthly printed reports. The *Weekly Fasciculus* of Singapore and the *Weekly Record* and Monthly Reports issued by the Epidemiological Intelligence Service in Geneva, with but slight additions — chiefly concerning measures taken to combat epidemics and prevent the export of infection — appear to be indicated as the most useful medium for the dissemination of this information on behalf of the Office international. The *Bulletin* of the Office international would doubtless continue to publish the text of regional agreements and quarantine regulations on which the measures taken by the various administrations against ships from infected ports are based.

The annual report on the sanitary equipment of ports, called for by Articles 14 and 50, could conveniently be a special publication; regional bureaux, such as that of Singapore, would be in a position to assist the " Office " in collecting this information from their different spheres of activity.

Other regional bureaux might perform duties analogous to those now being done by Singapore in the other regions of the world. In this connection it might be mentioned that periodical information regarding the appearance and progress of the diseases treated by the Convention is regularly sent to the Health Section in Geneva by nearly all administrations by mail, and information concerning the first appearance of these diseases is sent by telegram by certain administrations.

Information received by the various bureaux could be exchanged telegraphically each week and a complete weekly report for all parts of the world could be broadcasted by each.

10. Statistical Handbooks. — The following statistical handbooks have been prepared by Dr. Major Greenwood and Major P. J. Edge: *Official Vital Statistics of Portugal*, which is in the press and will appear shortly; the *Official Statistics of Czechoslovakia* is ready for the press The statistical handbooks for Hungary and Italy are being revised by the authorities of the respective countries. The manuscript of the statistical handbook for France has just been received.

The statistical handbook for the Scandinavian countries (Denmark, Norway, Sweden, Finland and Iceland), prepared by Professor Westergaard, including a chapter on the statistics of the Baltic Republics, is in the press. The translation from the original languages of a large number of forms employed by the various countries has delayed its publication.

11. Statistical Committee. — The Health Committee may wish to refer the examination of the replies received from Governments in regard to the Revision of the International List of Causes of Death to a small expert committee composed of the Directors of the central medical or statistical offices of England and Wales, France, Germany, Italy, Scotland and the United States, under the chairmanship of such a recognised authority in medical statistics as Professor Westergaard, of Copenhagen.

Statistical questions coming before the Health Committee are either of a methodological or of a more administrative character. While the first type of problem can be handled either by a commission or by the permanent staff of the Health Organisation or by outside experts selected for their special competence in the particular problem, there is every advantage in securing the advice of a committee as experienced as the one suggested on statistical questions of a rather administrative character, before they are submitted for the deliberation and decision of the Health Committee.

C. H. 501.
Annex (b).

INTERCHANGE OF PUBLIC HEALTH PERSONNEL.

A. Interchanges since the Sixth Session of the Health Committee.

The following programme of interchanges has been carried out since the Sixth Session of the Health Committee (April 26th to May 1st, 1926), as notified to the members of the Committee:

1. The interchange in Denmark;
2. The interchange of sanitary engineers in Great Britain;
3. The interchange of the combined type (Netherlands, Belgium, France and Switzerland);
4. The interchange in the basins of the Baltic and the North Seas.

1. *The Interchange in Denmark.*

The interchange in Denmark opened at Copenhagen on May 27th and ended at Geneva, where a final conference was held from July 1st-3rd, 1926. The programme had been arranged by the Danish Administration so as to make it possible to study the organisation and working of those health services in Denmark which are of particular interest from the point of view of rural hygiene. With this object in view, the members of the collective study tour were chosen from among health officials of the following countries:

Bulgaria,
Cuba,
Czechoslovakia,
Estonia,
Germany,
Great Britain,
Hungary,
Latvia,
Norway,
Kingdom of the Serbs, Croats and Slovenes,
Spain,
Sweden,
Union of Socialist Soviet Republics,
United States of America.

The interchange commenced with lectures given to the participants at Copenhagen, followed by visits to certain health institutions of that city, such as the Statensserum Institute, the Finsen Institute, the municipal and State hospitals, etc. Visits were then paid to the health institutions of Nyborg, Svendborg, Silkborg and of the towns of Aarhus and Loegstor, the members of the party finally returning to Copenhagen.

The participants received a most friendly and hospitable welcome, and the Committee will desire to express its warm thanks to the Danish Health Authorities for the trouble which they took to enable the officials travelling under the auspices of the Health Organisation to obtain the maximum benefit from their stay.

2. *Interchange of Sanitary Engineers.*

This collective study tour, which was confined to civil engineers attached to Health Administrations, took place in Great Britain from June 21st to July 20th. The maximum number of officials to be chosen from among the candidates whose names were submitted for this interchange was limited to eighteen. The officials chosen belonged to the Health Services of the following countries:

Argentina,
Austria,
Belgium,
Denmark,
Finland,
France,
Germany,
Greece,
Hungary,
Italy,
Netherlands,
Norway,
Poland,
Roumania,
Sweden,
Union of Socialist Soviet Republics,
United States of America,
Uruguay.

A series of conferences was first held in London, after which the members of the party attended the annual conference of municipal engineers at Bristol; the participants were then divided into groups of five members, who spent a fortnight in Birmingham, Liverpool, Sheffield and in Scotland respectively. While in London, the officials had the opportunity of attending the jubilee celebrations of the Royal Sanitary Institute, to which they were invited by the President of the Institute. The programme of their activities, which was arranged by a committee under the chairmanship of Mr. Sandford Fawcett, of the British Ministry of Health, included visits to the various water supply installations, inspections of the sanitary organisation of a port and of hospital construction work, examination of schemes for the building of houses and of plans for the development of towns, studies of the measures for the utilisation of refuse and, finally, visits to model villages.

I should like to mention the fact that the Minister for Health, Mr. Neville Chamberlain, received the participants both at the beginning and at the end of the interchange. The Committee will desire to express its warm thanks to the Minister for Health, the President of the Royal Sanitary Institute and our eminent colleagues of the County Councils and of the municipalities of the United Kingdom, for the manner in which they received those who took part in this interchange. The success achieved has suggested the possibility that it may be renewed next year if budgetary conditions permit, in order to meet the wishes of the many candidates presented by the various Health Administrations of the States members of the League of Nations who could not be accepted on the occasion of the first interchange.

3. *Interchange of the Combined Type.*

As the Committee will doubtless remember, this interchange was in the nature both of a series of individual missions and of a collective study tour. The Health Administrations of France, Belgium and the Netherlands selected as participants officials employed as inspectors in charge of departments in these Administrations. The number of participants was strictly limited to ten (three French, four Belgians and three Dutch).

The interchange took place in the summer, beginning on July 18th at Amsterdam and ending with a final conference at Geneva on August 24th and 25th, 1926. In accordance with the new plan of this interchange, the participants were able to employ the journey to the point of assembly in making individual visits to institutions of a general public health character in which they had a special interest. The programme was established in such a way as to include general public health activities having a practical and immediate interest for each of the participants, these activities having been selected by the directors of the various Public Health Administrations, who desired that the participants should acquire practical information with a view to making changes or innovations in the services of their own countries.

The subjects on the programme were: the inspection of schools, the campaign against tuberculosis (after-effects of sanatorium treatment): disinfection (value of terminal disinfection), health insurance (relations between general hygiene and health insurance) and public health propaganda.

The members of the interchange attended lectures in each country on these subjects and then proceeded on their own initiative to study a selected subject. The final conference at Geneva showed clearly that the participants had acquired definite practical ideas and had collected information of real value. Dr. Thierry, head of the Disinfection Service of the city of Paris, Professor Silberschmidt, of Zurich, and Professor Rochaix, Director of the Disinfection Service of the Département du Rhône, took part in the discussions on the invitation of the Health Organisation, and delivered recapitulatory lectures on disinfection from the scientific and practical points of view. An official of the Basle Health Administration also came to Geneva in order to reply to questions put by the members who had previously visited that city and studied its Health Insurance Department. The Health Committee will no doubt desire to thank the Health Administrations of the countries which were visited, namely, Holland, Belgium, France and Switzerland, for the trouble which they took in drawing up the very interesting programmes carried out and for the warm welcome which the participants received. It will also desire to thank the eminent lecturers who took part in the discussions at the final conference.

4. *Interchange in the Baltic and the North Sea.*

Sixteen officials took part in this collective study tour, belonging to the following Health Administrations:

Belgium,	Germany,	Netherlands,
Denmark,	Great Britain,	Norway,
Finland,	Latvia,	Sweden,
France,	Lithuania,	Union of Socialist Soviet Republics.
Free City of Danzig,		

Dr. Jitta agreed to undertake the direction of the group. The study tour began at Riga, where the participants received a warm welcome from the Prime Minister, the Minister for Social Welfare and the Director of the Public Health Department, Dr. Augusts Petersons. The party, were able to realise that, in spite of the devastation caused by the war, the Latvian authorities courageously seconded by the whole of the population, have undertaken and actively promoted an extensive scheme of reconstruction. Thanks to the general activity, the port of Riga is becoming increasingly important and this renewed prosperity is enabling sanitary and other installations to be rapidly developed. Visits to the port, to the water supply works, to the leper-hospital, etc., showed that sanitary work is being actively prosecuted, and will shortly place Riga on a level with the best-equipped ports of the Baltic and the North Seas. From Riga the group will proceed to Liepaja (Libau), Danzig, Stettin, Copenhagen, Hamburg, Bremen, Amsterdam, Rotterdam, Antwerp, Havre, Southampton, London, Liverpool and Newcastle, and will hold a final conference at Geneva. The programme of this tour has been planned for the period from September 12th to October 12th. The representative of the Free City of Danzig is acting as secretary to the group and will on this occasion fulfil the functions of a temporary member of the Health Section. The programme has been drawn up with the help of all the Health Administrations of the countries to be visited, who have been good enough to give us the dates on which visits could take place. The Health Committee will desire to thank all the authorities who have given effective help in the matter, thus ensuring the entire success of this study tour, the detailed preparation of which has necessitated very careful work on their part.

The object of this tour is to study the administrative organisation of the ports of the Baltic and the North Seas, their sanitary equipment, the methods employed for the deratisation and fumigation of vessels and warehouses, etc. In addition, the gathering together of officials belonging to various countries will facilitate the establishment of effective liaison between the different authorities concerned.

B. — Programme of Interchanges for 1927.

The Committee will probably remember that we have at our disposal for 1927 a credit of 186,000 francs only, representing the contribution from the Rockefeller Foundation together with the sum of 150,000 francs from the Budget of the League. The programme for next year is therefore necessarily more limited than was that for last year, when the amount of the Rockefeller subvention amounted to double the grant for 1927.

1. The programme of the new scheme adopted for the collective interchange which is to take place in Great Britain will cover a period of six weeks, the first of which will be devoted to lectures at the Ministry of Health and to visiting health institutions in London. The four succeeding weeks will be devoted to practical courses carried out by groups of two participants, each of different nationality, who will be attached to the departments of the Medical Officers of Health in the following areas: Liverpool, Glasgow, Birmingham, Bradford, Hornsey and Berkshire. During the last week all the participants will meet in London for further discussion with particular reference to the problems studied at the research institutes.

The following programme contains full details:

Provisional Programme of Study Tour of Public Health Officers in Great Britain.
(February 21st to March 27th, 1927.)

Sunday, February 20th.	Arrival of participants in London.
Monday, February 21st.	10 a.m. Registration at the Office of Mr. G. S. Elliston, M.A., Executive Secretary to the Society of Medical Officers of Health, 1, Upper Montague Street, Russell Square, London W.C.1.
February 21st–26th.	London. For two days the participants will attend lectures at the Ministry of Health descriptive of the whole scheme of central health administration in Great Britain. One and a-half days will be spent in visiting institutions and laboratories of the Metropolitan Asylums Board in connection with the control of infectious diseases. One day will be devoted to the study of the water-supply schemes of London with the Metropolitan Water Board, and one day will be reserved for housing schemes in and around London.

Sunday, February 27th. Participants leave for the provinces to be attached in pairs to health departments in the following areas:

Liverpool, large city and port;
Glasgow, large city and port;
Birmingham, industrial centre;
Bradford, industrial centre;
Hornsey, residential borough adjoining London;
Berkshire and rural areas and small towns, combined sanitary districts.

The participants will be allocated to those areas likely to be most instructive from the point of view of the special requirements of the Public Health Service they represent. In each of the areas the whole scheme of health administration will be seen, including office routine, school medical work, industrial hygiene, maternity and child welfare, tuberculosis and V.D. schemes, fever hospital administration, water supplies and sewage disposal, housing schemes and health insurance.

Sunday, March 27th. The whole party reassembles in London for the final week, which will include inspection of meat and food markets, port sanitation, and visits to various institutions in connection with medical research, eugenics, industrial psychology, tropical hygiene, naval and military hygiene, bacteriological laboratories, etc.

Saturday, April 2nd. Closing conference at the Ministry of Health, London. Departure for Geneva.

Monday, April 4th. GENEVA. Participants meet at the Secretariat of the League of Nations for the final conference, which will probably last three days.

The number of participants invited is limited to 12, but a few supplementary places would be reserved should any Health Administrations express the desire to send officials at their own expense.

Invitations have been sent to the following Health Administrations: Argentina, Belgium, China, France, Germany, Greece, Italy, Kingdom of the Serbs, Croats and Slovenes, Latvia, Nicaragua, Poland, Roumania, Sweden and Switzerland. Invitations have also been sent to the Health Administration of Japan and the Federal Service of Public Health in the United States, but we were unable to offer to pay the travelling expenses in these two cases.

The interchange will last from February 20th to April 6th, 1927, and will end with a final conference at Geneva.

2. *International Continuation Course in Public Health.*

Certain Directors of Public Health Services in various countries of Europe have suggested that it would be useful to introduce yet another type of interchange, developing that period usually devoted to conferences into an international continuation course in public health. This course would be followed by a practical stage, enabling participants in the interchange to study in the various countries the special subjects for which their respective administrations have made them responsible. In selecting the countries to be visited, it would be necessary to consult the Health Administrations by which participants have been nominated in order to discover the problems with which they are specially concerned and the foreign countries in which they desire their officials to make a comparative study of these problems.

It has also been pointed out that, if this international course were given in French, a considerable number of health officers could take part as the knowledge of this language is fairly widespread among our medical colleagues. Professor Léon Bernard has assured us that the Institute of Hygiene of the Faculty of Medicine in Paris would be ready to organise such a course on behalf of the Committee by inviting —apart from French professors—Austrian, Belgian, British, Danish, Dutch, German, Italian and Polish professors to assist. Each of these experts would deal in French with the subject of his own particular research.

Lecturers would expound the theory and practice of present public health. They would deal with the main health problems and the solution which has so far been found for each in their own countries.

Should the Committee accept this scheme, the course could begin on January 17th, 1927, in Paris. The following programme might be suggested: during the first six weeks two lectures would be given in the morning, and the remainder of the day would be devoted to practical study of the public health services in the city of Paris and in two or three French departments; the six following weeks would be devoted to a stay in various countries (Belgium, Denmark, Germany, Great Britain, Holland, etc.), for the study of special problems, under the direction of the lecturers and in small groups.

The number of candidates admitted would have to be limited to a maximum of 25. We could grant 12 scholarships of a value of $100 per month each, and also pay travelling expenses under the conditions at present in force for participants in interchanges. Such a scholarship would only be granted to an officer whose Health Administration undertook to send a first candidate at its own expense.

Should the proposed course yield the expected results, the possibility of organising a second course in 1928, in the German language, could be considered.

It is proposed to issue invitations to the following countries: Brazil, Bulgaria, Czechoslovakia, Costa Rica, Cuba, Estonia, Finland, Germany, Greece, Hungary, Kingdom of the Serbs, Croats and Slovenes, Latvia, Lithuania, Paraguay, Poland, Roumania, Union of the Socialist Soviet Republics and Uruguay.

3. It has not yet been possible to settle the programme for a collective interchange which it is hoped will be organised in Germany during 1927.

4. As in 1926, we are reserving individual scholarships for Far-Eastern countries.

5. A credit is also being reserved which is intended for the development of interchanges in the countries of Latin America—more especially between the Institutes of Tropical Medicine and Social Hygiene—and also for the development of individual missions. It is hoped within the next few months to be able to draw up a detailed programme, based upon the correspondence at present being exchanged with the Health Administrations of those countries.

6. The interchanges of specialists might be used to contribute to the investigation of certain problems included in our programme. We have considered, for instance, the possibility of an interchange which might be reserved for experts in physical culture in order to meet the wish of the Czechoslovak delegate as expressed at the seventh ordinary session of the Assembly. Another might be utilised for the study of health insurance, or any other question raised by the technical commissions.

7. The remainder of the available funds might be used for individual missions reserved for Europeans and possibly to cover the initial cost of the organisation of a collective interchange in British India, the usefulness of which was pointed out by the Indian delegation to the last Assembly.

C. H. 51.

Annex (c).

PUBLIC HEALTH ADMINISTRATION AND HEALTH INSURANCE.

1. In a report [C.H. 421], on the progress of this enquiry, to the Sixth Session of the Health Committee, reference was made to the studies in progress in Budapest, Cologne, Prague, Vienna and Warsaw. It was noted that public health officers nominated by the chiefs of their Public Health Administrations were engaged in preparing reports on the preventive activities of health insurance funds and on the inter-relationships of these and other municipal health agencies based on a plan prepared by these public health officers and members of the Health Section. The plan was divided into three parts, the first relating to health insurance organisations, the second to official and private health agencies and the third to hospitals. Complete reports have now been received from Budapest, Cologne, Prague and Vienna, and Part I has been completed for Warsaw. The public health officers engaged in the study met at Geneva on September 13th to 18th inclusive to study the reports, discuss the progress made and to amend and improve the plan of study in the light of experience gained during the course of the enquiry. In addition to the complete reports, which are available for reference in the original, brief summarised reports were prepared by each public health officer on the preventive activities and inter-relationships of health insurance funds and municipal health agencies.

The plan of study, amended and clarified in the light of the experience gained during the survey, will be submitted to the Committee.

2. The report on the preventive activities and relationships of sickness insurance organisations to the public health services, hospitals and private health agencies in Germany as a whole is being prepared by Dr. A. Grotjahn, Professor of Social Hygiene in the University of Berlin, and should be ready for the first session of the Health Committee in 1927.

3. The present studies have been restricted to countries in which sickness insurance is obligatory for certain classes of the population. In a number of European countries where sickness insurance is not obligatory the necessity of incorporating preventive principles into the system has been recognised and developed. There would be considerable interest in a study of one or more areas in such countries along lines already laid down, and it is proposed as a first step to extend the enquiry to a district in Denmark.

4. Special attention has been paid to the morbidity records of health insurance organisations in the five cities first selected for study. Preliminary investigation has revealed that these do not at present furnish exact information in regard to the illnesses which affect the insured, the records being incomplete in so far as the diagnosis is concerned. General terms are employed which do not furnish definite information in regard to the specific disease existing. And yet health insurance officials insist that these records should be exact and definite in order that they may be used as a basis for the application of preventive measures, and to enable public health officers to estimate on this basis the causes and proportions of morbidity in the community. In Vienna, a committee of experts has been set up to establish a scientific nomenclature for the conditions which are included under the term "rheumatism". In other countries similar studies have been made, and the Health Committee may wish to afford facilities to these national groups to exchange experiences and to study the documentation of other countries. During the next session of the International Labour Conference (May 1927) the International Labour Office intends to suggest that the Conference make a recommendation on the morbidity statistics to be established by health insurance organisations.

5. In the reports from the five selected cities, particular attention has been paid to the financial considerations relating to medical and public health benefits of sickness insurance organisations, and to the activities of official and private health agencies. The Insurance Services of the International Labour Office have very kindly prepared for us reports on the financial aspects of health insurance in Belgium, Denmark, Great Britain and Hungary, which are now available for consultation by members of the Health Committee.

6. Legislation providing for the enactment, development, consolidation and amendment of health insurance laws is under way in a number of countries. The insurance organisations are yearly increasing the scope and extent of their activities designed to prevent diseases as well as to treat those already existing. An interchange of experience and documentation on an international scale would be of great value to administrations which are desirous of enacting or amending health insurance laws. In this work the Health Committee may desire to be guided by the advice of a small number of experts who might be willing to study and report on certain questions which the Committee would refer to them.

The Committee will remember that it instructed the Medical Director to make a study of this question, in consultation with the Czechoslovak public health authorities, on the basis of the resolution of the last Assembly. The Public Health Services of Austria, Hungary, Poland, Czechoslovakia and Germany have appointed investigators who have made a comprehensive survey of existing medical and sanitary organisations in the territories of Vienna, Budapest, Prague, Warsaw and Cologne, with a view to discovering what relations, if any, exist between the institutions of the health insurance systems and other institutions. These enquiries have now been extended to Copenhagen. In one or two instances the local investigators were hoping to have the assistance of a national committee for the study of methods to be adopted in order to avoid overlapping between the various institutions, and with a view to the best and most economical utilisation of all.

All these surveys and studies were conducted according to the spirit of the Assembly resolution, namely, with the object of discovering how the health insurance system has been, is being or may be utilised for the purposes of preventive medicine. Professor GROTJAHN has agreed to prepare a memorandum on German experience in this respect, and Dr. MCCLEARY, of the British Ministry of Health, will describe the English practice.

The Committee may wish to consider at its next session whether all the documentation resulting from these surveys, as well as the special memoranda, should not be referred to an expert committee composed of leaders of public health, of experienced administrators of health insurance systems and of prominent medical leaders, who would advise the Committee on the questions raised by the Assembly resolution of 1925.

C. H. 501.
Annex (d).

INTERNATIONAL RABIES CONFERENCE.

During its Sixth Session, the Health Committee decided to convene in April 1927, at the Pasteur Institute in Paris, an International Conference on Rabies to which the directors of the chief anti-rabies institutes should be invited. In accordance with this resolution, the Public Health Administrations have been invited to appoint as delegates to this Conference the directors of the principal anti-rabies institutes in their countries. As a basis for discussion, a memorandum will be presented, part of which will be prepared for the Pasteur Institute by Professors Calmette, Marie, and Remlinger and part by the Health Section.

A comprehensive questionnaire has been sent to the principal anti-rabies institutes of the world. Very complete answers to the questionnaire have already (September 15th) been received from France (Institut Pasteur, Lille), Germany (Institut Robert Koch, Berlin; State Lymph Establishment, Dresden), Hungary (Pasteur Institute, Budapest), Italy (Pasteur Institute, Rome), Tunis (Pasteur Institute, Tunis). Additional valuable information has also been received from the United States of America, the Netherlands, Norway, Ireland, Costa Rica and Haiti. In view of the interest taken by the different countries in the problems to be discussed, it is expected that a full documentation will be obtained before the Conference, which will be of considerable value in ensuring its success.

C. H. 501.
Annex (e).

INTERNATIONAL LIST OF CAUSES OF DEATH.

Since the Sixth Session of the Health Committee, replies to the circular letter concerning the Revision of the International List of Causes of Death have been received from the Governments of:

Union of South Africa,
Argentina,
Cuba,
Czechoslovakia,
Japan,
New Zealand,
Roumania,
Switzerland.

The Government of the *Union of South Africa* makes certain suggestions as to the modification of a few titles which would make the list more suitable for local conditions. Other small modifications which have already been introduced, to allow for conditions prevailing in South Africa, are described.

The Governments of *Argentina* and *Cuba* have promised to forward their opinions when the responsible departments of their administrations have completed their examination of the question.

The Government of *Czechoslovakia* states that its Ministry of Health and State Statistical Institute are carrying out a detailed study of the question, the results of which will be forwarded to the Health Section. In the meantime an abridged list, differing in certain respects, which are fully described, from the International Short List, is used in Czechoslovakia; this abridged list contains 58 headings.

The Government of *Japan* explains that some additions to the list have been made in Japan to meet local requirements. The opinion is also expressed that an international understanding is most desirable, first with regard to the inclusions under the different heads and, secondly, with regard to the primary tabulation of joint causes of death.

The Government of *New Zealand* states that the International List is used in its country in conjunction with the American Manual of Joint Causes and that neither the Health Department nor the Government statistician have any suggestions to make regarding the revision.

The Government of *Roumania* makes certain detailed proposals regarding the age classification to be used in tabulating deaths and states its willingness to accept such proposals for revision as may be finally approved and adopted by the Health Committee.

The Government of *Switzerland* advocates the collaboration of the International Institute of Statistics with the Health Committee in the preparatory work of revision and states that the International List is still on its trial. Observations will be made at the end of 1926 or early in 1927 when the tabulation of data for 1921-25 has been completed.

The Scandinavian report on the revision of the nomenclature has not yet been finally adopted: a copy of the preliminary list, provisionally approved by the Scandinavian countries, has, however, been forwarded to the Health Section.

At the Sixth Session of the Health Committee, the Medical Director was requested to enter into relationship with the International Institute and to establish if possible the basis of collaboration between that Institute and the Health Organisation of the League in the preparatory work of the Revision of the International List of Causes of Death. After discussion and correspondence, it was suggested to the President of the International Institute of Statistics that reports and proposals emanating from the expert committee which the Health Committee will appoint to deal with this matter might be sent to the International Institute of Statistics for consideration and comment before being submitted to the Health Committee. This proposal has recently been renewed and a reply is awaited. Copies of correspondence exchanged have been given to the members of the Committee.

In the meantime, the Health Committee may desire to consider the appointment of an expert committee to whom will be entrusted the preparatory work of revision. In considering this question, it should be borne in mind that many of the problems raised will demand for their solution expert knowledge of medical and pathological terminology rather than of statistical procedure and that administrative questions of considerable importance are involved.

ANNEX 109.

REVISION OF THE LIST OF CAUSES OF DEATH.

Letter from the President of the International Institute of Statistics to the Medical Director.

[*Translation.*] Paris, August 23rd, 1926.

During the conversation which I had with you and the President of the Health Organisation of the League at Professor Léon Bernard's house in Paris, I urged the advantages, both from the point of view of public health and statistics, of co-operation between our two organisations with a view to the revision of the List of Causes of Death. This point had already been mentioned to you by our Secretary-General, M. Methorst.

The nomenclature in question was first prepared by the International Institute of Statistics at its Vienna (1891) and Chicago (1893) sessions. At its Christiania session in 1899, the Institute recommended, on the report of our colleague Dr. Jacques Bertillon, that an international conference should be called to revise the List periodically. It was upon our recommendation that the French Government consented to convene the Conference in Paris in 1900. Finally, the preparatory work for the revisions undertaken in 1900, 1909 and 1919 was carried out by Dr. Jacques Bertillon, Rapporteur to the Health Statistics Committee of the Institute. Accordingly, the International Institute, at its last session, held in Rome, again instructed a Committee, to draw up a report in preparation for the coming revision of the List. I considered, however, that, in view of our long experience of this matter, it might be useful, in preparation for the next Conference, to see whether it would be advisable to retain the same bases for the List as those used hitherto, or to change them, and I came to the conclusion that the best method of coming to a decision would be to hold a meeting of equal numbers of representatives of the Health Organisation and of the International Institute of Statistics sitting as a joint committee, on which they could work in close collaboration.

An organisation of this type has been in existence for four years, namely, the Mixed Commission known as "the Committee of Enquiry into Economic Statistical Methods", appointed conjointly by the Economic Committee of the League of Nations and the International Institute of Statistics. Last year again, we set up a mixed Committee with the International Labour Office on the same basis, and this method of co-operation has in all cases given good results. We have found that it had the advantage of never in any way affecting our autonomy, the necessity for which was recognised by the Assembly of the League of Nations in its resolution relative to international statistics passed at its second ordinary session in 1921 ; on their side, the League organisations with which we have co-operated on this basis have had no cause to regret our independence, since it assured them every guarantee from the scientific point of view. Moreover, the Institute merely gives opinions, and the League organisation concerned remains completely free to take any decisions it may see fit and to make allowances in its decisions for any possible considerations of expediency, of which the Governments are frequently, and quite legitimately, obliged to take account.

The foregoing considerations did not, however, appear to you to be conclusive; you considered that, the Health Organisation having been created, the International Institute of Statistics should stand aside, that it was for the Health Organisation to deal with the question of the List and undertake at once its revision without outside assistance, and that the only proposal which you could make would be that the Health Organisation should, as a mark of sympathy for our Institute, appoint one or two statisticians as members of a Committee of experts to be appointed by the Health Organisation itself — a solution which obviously would not result in the joint co-operation which I had in mind between our two organisations.

It was, however, understood, in response to my wishes, that we should see one another later in order to discuss the matter afresh, since you were obliged to remain in Paris for some time longer to attend an international Conference which was sitting at that time. However, on the day on which you were to come and see me, you informed me that you could not keep your engagement, your meeting having concluded late that evening, and, as I heard nothing further from you, although the international Conference went on for several weeks longer, I concluded that you were still of the same opinion, and gave instructions for the resumption by our Institute's Committee of the preparatory work, which I had ordered to be provisionally held up pending your reply. You will, however, realise that I should be glad to know what was finally decided, and should accordingly be grateful if you would give me the necessary information.

(*Signed*) A. DELATOUR,
President of the International Institute of Statistics.

LETTER FROM THE MEDICAL DIRECTOR TO THE PRESIDENT OF THE INTERNATIONAL INSTITUTE OF STATISTICS.

[*Translation.*] Geneva, September 3rd, 1926.

In your letter of August 23rd, you requested me to inform you of the terms of the proposal made by the President of the Health Committee and ourselves during the conversation which we had with you at Professor Léon Bernard's house in Paris.

We told you that the Health Committee, having received, both from the American Public Health Association and from the Directors of the Scandinavian Statistical Bureaux, a proposal for the revision of the List of Causes of Death, decided to include this question in its programme of work. In conformity with the foregoing decision, the Health Committee proposed to the Council of the League of Nations to submit the American Public Health Association's scheme to all Governments and at the same time to ask them to forward any observations which their competent services might see fit to make with regard to the revision of the List of Causes of Death.

In reply to the circular letter sent by the Secretary-General of the League of Nations to the Governments in conformity with the above decision of the Council, various Governments, among them the British Government, stated that they fully approved the inclusion of this question on the Health Committee's agenda and undertook to communicate at an early date any observations which they might think it desirable to make.

We further informed you that, since this procedure had already been adopted, the Health Committee proposed to send the Governments' observations to be examined by a small Committee of experts consisting of the Directors of the Health Statistics Bureaux in the principal countries, more especially in the British Empire, who readily accepted this task. We were informed by you that the International Institute of Statistics, in co-operating with governmental international organisations, to which it offered every guarantee from the scientific point of view, was anxious to retain its complete independence ; that it only expressed opinions and that the Health Organisation was free to take any decisions it might see fit and to make allowance in its decisions for any administrative considerations of which the Governments might be obliged to take account. We therefore had the honour to suggest, as an effective method of co-operation, that the report to be drawn up by the Committee of statistical experts should be submitted to your Institute for an opinion before being discussed by the Health Committee.

Neither the President of the Health Committee nor myself have ever argued that :

"...the Health Organisation having been created, the International Institute of Statistics should stand aside..., and that the only proposal which we could make would

be that the Health Organisation should, as a mark of sympathy for your Institute, appoint one or two statisticians as members of a committee of experts to be appointed by the Health Organisation itself".

On the other hand, you were good enough to state that, although the method of co-operation proposed by us was not the one you had in mind, you were nevertheless prepared to examine it, and that you thought that, should our proposal be accepted, the report of our Committee of statistical experts should be communicated to you in March 1927 so that it could be examined at the next plenary Conference of the International Institute of Statistics.

I have the honour to confirm this proposal, and I should be grateful to you if you would be so good as to inform me of your views, in order that I may lay our correspondence on the subject before the members of the Health Committee at their next session in Geneva on October 13th.

(*Signed*) L. RAJCHMAN,
Medical Director.

LETTER FROM THE PRESIDENT OF THE INTERNATIONAL INSTITUTE OF STATISTICS TO THE MEDICAL DIRECTOR.

[*Translation.*] Paris, September 22nd, 1926.

I wish first to make good an omission due to a misunderstanding. It was only after my letter of August 23rd had been sent that I received the Minutes of your meeting of April 27th, and it was only then that I learned that the Health Committee had approved the principle of co-operation between our two organisations while leaving it to us to examine together the method of this co-operation. I beg you, then, first of all to offer the Committee the thanks of the International Institute of Statistics for this decision, the value of which for the success of the work undertaken it fully appreciates.

The principle of co-operation between us being thus established, the question of procedure remains to be settled. You informed me in your letter of the 3rd instant that the Health Committee proposed to submit any observations communicated to it by the Governments for examination by a small Committee of experts consisting of directors of the Health Statistics Bureaux in the principal countries, more especially in the British Empire, and you suggested the following as an effective method of co-operation that the report of the Committee of expert statisticians should be submitted to the International Institute of Statistics in March 1927 for its opinion before being discussed by the Health Committee.

I beg to suggest that the method you propose appears to present certain difficulties.

In the first place, under the statutes of the Institute we are not permitted to submit directly for discussion by the General Assembly any documents except those drawn up by one of its Committees or (in virtue of an extension of this rule recognised by all general assemblies which have met since the foundation of the League) by one of the joint committees set up in agreement with other organisations. This again constitutes one of the grounds on which I proposed the establishment of a joint committee.

Secondly, we would point out that the Health Committee decided to set up a new committee of statistical experts, while there already exists in the International Institute of Statistics, by virtue of the decision taken at Rome in 1925, a Committee of Health Statisticians responsible for the preliminary work for the revision of the List of the Causes of Death. This committee includes among its members eminent medical men under the chairmanship of Professor Roger, Dean of the Faculty of Medicine in the University of Paris, and many of its members would probably at the same time be members of the Committee of Statisticians. They would thus be obliged to examine identical questions in different committees, on behalf of the Institute and on behalf of the Health Section respectively, which would result in a most regrettable duplication of work.

Thirdly, the method of co-operation proposed by you would be confined to an exchange of reports and findings, whereas if representatives of our two institutions could work round the same table as a joint committee and exchange their ideas by word of mouth, it would be easier to harmonise their views and more especially to avoid the confusions and misunderstandings which so frequently arise in regard to international matters.

For the foregoing reasons, I venture to urge this latter method of co-operation upon you and upon the Health Committee. The system of a joint committee is that best adapted to our statutes, while it will avoid overlapping and will establish direct contact, the advantages of which would appear to be obvious.

I may add that it is the method at present employed for co-operation between ourselves and the Economic Committee and also the International Labour Office ; further, the same procedure has just been adopted with the International Institute of Intellectual Co-operation, and the new joint committee will meet on November 3rd next.

As you have been good enough to inform me that the Health Committee will meet at Geneva on October 13th next, and that you will submit our correspondence to it, I should be grateful to you if you would distribute to the members a copy of the present letter, and if you would inform me as soon as possible of the resolution taken in the matter.

(*Signed*) A. DELATOUR,
President of the International Institute of Statistics.

ANNEX 110.

REPORT ON THE PRACTICABILITY AND DESIRABILITY OF ESTABLISHING A CENTRE OF EPIDEMIOLOGICAL INFORMATION FOR THE AFRICAN CONTINENT, WITH PROVISIONAL HEADQUARTERS AT ALGIERS.

By Dr. Lucien Raynaud.

I. PREFACE.

At the request of the French delegation, the Assembly of the League, at its sixth ordinary session, adopted the following proposal:

> " The Second Committee, having in mind the gravity and the prevalence of endemic and epidemic diseases in West Africa and the international danger arising therefrom, recommends the Assembly to request the Health Organisation of the League of Nations to study the possibility of establishing a sanitary and epidemiological bureau on the West Coast of Africa. "

During its sixteenth session on September 26th, 1925, the Council of the League asked the Health Committee to examine the French delegation's proposal. On October 14th, 1925, the Health Committee instructed the Medical Director " to enquire and report as to the desirability and practicability of establishing a sanitary bureau for the countries on the West Coast of Africa, basing such report on information secured from the public health administrations interested and from a study of existing conditions obtained on the occasion of the forthcoming interchange of health officers in that area ".

The Governments of Belgium, Spain, France, Great Britain, Portugal and the Union of South Africa were consulted by the Secretary-General of the League. All the replies have not yet been received.

The participants in the interchange, who, between March 20th and May 18th, visited the countries of the West Coast of Africa (Senegal, Gambia, Portuguese Guinea, French Guinea, Liberia, Ivory Coast, Togoland, Gold Coast and Sierra Leone) met at a final conference at Freetown on May 17th, and, although they held no official mandate from their Governments, discussed the desirability of establishing a sanitary bureau for West Africa.

The French participants, supported by several Portuguese and Spanish members, proposed that a sanitary bureau should be created as soon as possible in West Africa; the British delegates were, generally speaking, of opinion that such an organisation, highly desirable though it might be, would be somewhat premature. Finally, the South African representative, in agreement with his colleague from the Belgian Congo, said that questions of African epidemiology could not be limited to the western part of Africa but that it would be very desirable for all the States to receive epidemiological information from all parts of Africa and that consequently the sanitary bureau ought to be pan-African.

This was the view which was generally held among the members of the Health Committee, who met at Paris on June 19th and 20th, 1926. It was held that the epidemiological information would be of greater value if it embraced all African territories, and that this solution would be nearest to the desire expressed by the majority at Freetown. Without prejudging the opinion to be expressed by the various Governments which had been officially consulted, the Committee thought that it would be desirable to pursue the enquiry begun.

The Committee held that it would be desirable, for further precision, to study the kind of work which might most usefully be undertaken by such a bureau if it were established at Algiers.

The Committee has instructed me—and I highly appreciate the honour—to examine the conditions under which epidemiological information might, in practice, be centralised, and to consider the possibilities and difficulties of telegraphic transmission by cable and by wireless.

Finally, it has requested me to conduct an experiment to see how such a bureau might work, that is to say, collect and distribute all information possible on the diseases which at the present time show the greatest tendency to spread throughout the African continent, such as yellow fever, relapsing fever, cerebro-spinal meningitis, plague (which seem to be passing from the west coast towards the equatorial area) or sleeping-sickness (which is particularly common in Central Africa).

As the Sanitary Bureau at Singapore receives information sent from the east coast of Africa from Egypt to the Cape, it was thought to be preferable, for the present, to limit the enquiry, on the one side, to the Mediterranean and Atlantic coastal areas of the continent (*i.e.*, *Northern Africa*, and *Western Africa*) and, on the other, to the territories of *Central Africa*, the idea being to add to the health information, which mainly refers to the seaboard, data on the serious endemo-epidemic diseases which play so important a part in the pathology of this country.

After hearing Viscount Ishii's report at its meeting of September 2nd, 1926, the Council of the League approved this suggestion of the Health Committee. It is of course understood that only after the present report has been discussed and the observations of the Governments interested have been received will the Committee be in a position to make recommendations to the Council at its December session.

II. WHAT SANITARY INFORMATION DO WE AT PRESENT POSSESS RELATING TO THE VARIOUS PARTS OF AFRICA ?

The Health Organisation at Geneva receives its information on notifiable diseases under the following conditions:

1. *Countries sending in weekly reports:*

Basutoland,
Egypt,
Uganda,
Northern Rhodesia,
Southern Rhodesia,
Tanganyika.

2. *Countries sending in reports every ten days:*

Algeria,
Tunis.

3. *Countries sending in monthly reports:*

Algeria, Tunis, Morocco. } *Bulletin sanitaire de l'Algérie.*

French Colonies:

West Africa,
Equatorial Africa,
Madagascar,
Réunion.

French mandated territories:

Cameroons,
Togoland.

} Reports received and transmitted by the Ministry for the Colonies.

British Colonies:

Gold Coast,
Nigeria,
Sierra Leone,
Mauritius,
Nyasaland.

Union of South Africa:

Kenya and East Africa Protectorate:

} *Local Government Bulletin* and *Bulletin of the British Ministry of Health.*

Cyrenaica and Tripolitania (Bulletin of Infectious Diseases of the Kingdom of Italy).

4. Finally, *annual reports* are drawn up by almost all the countries; some supply only annual reports, certain of which, addressed to the Ministries, are not published.

5. The Sanitary Convention of 1912 also prescribes that the sanitary authorities of the maritime districts shall, through their Ministry for Foreign Affairs and the Office international d'hygiène publique in Paris, notify the various Governments of all cases of infectious disease.

It will thus be seen that only those diseases which are regarded as being of importance from the point of view of maritime relations — *i.e.*, plague and yellow fever — are notified direct to the various Governments. Even so, such notification is not always despatched by cable, and it often arrives after a considerable delay.

The other infectious diseases which seriously affect the African States are, it is true, published in the *monthly* and *annual epidemiological reports* of the League of Nations, but they only reach Geneva after much time has elapsed, and they then have to be retransmitted from Geneva to those concerned; five or six months or even more elapse from the date on which the cases first occurred [1].

No agreements exist between the neighbouring African colonies for the exchange of information on the sanitary situation; it must be admitted that there are practically no regular postal relations between the various States, and that, though each may possess its own carriage-roads and railways, very few of these highways run from the territory of one State into that of another.

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[1] The *Epidemiological Bulletin* of July, which appeared in August, gives information on the month of April, and some information on May. When will the *Bulletin* be received in Tropical Africa ?

We should, however, mention the agreement concluded in 1909 between the Portuguese colony of Mozambique and the Transvaal regarding the recruiting of labour for the mines, which provides for health measures on behalf of labourers crossing the frontier. Rhodesia and Angola also require that precautions shall be taken before they allow their natives to proceed to the mines of Katanga (Belgian Congo).

This question of health preservation measures and the exchange of information between neighbours was discussed and submitted in the form of a very urgent recommendation at the last " Congress of Tropical Medicine " held at St. Paul de Loanda in 1923; a similar recommendation was made by our Committee at its meeting in October 1924 when discussing the Mission which is at present studying sleeping-sickness in Equatorial Africa [1].

With more numerous and better communications, with increasing contact between the various States, the danger, from a health point of view, suddenly appears; measures have to be adopted to prevent the introduction of some infection which is causing havoc in the neighbouring country. In view, for instance, of the recent spread of sleeping-sickness, cerebro-spinal meningitis and relapsing fever, it would seem that migrations ought to be controlled with increasing care.

The publications of the Health Committee, the missions and interchanges which it has organised, the various congresses on tropical medicine at St. Paul de Loanda, Marseilles, and elsewhere, have so aroused public opinion that Governments are gradually coming to take an interest in international health questions. We seem to have now reached a stage when we should provide the various colonies and States of Africa with the means, or at least the possibility, of obtaining up-to-date information on epidemiological facts which may affect their own population. Countries which have relations with Africa should also be informed of any infectious diseases in that continent which may show a dangerous tendency to spread.

III. THE ECONOMIC IMPORTANCE OF AFRICA.

At a time when the high cost of living is becoming a problem in every country—with industrial demands perpetually on the increase — the necessity of deriving the fullest possible benefit from colonies calls for no special pleading. Africa, with its immense territories, possesses unknown wealth; it is still one of the most important centres for the production of raw materials. Various foodstuffs, fruits, wood, textiles, india-rubber, ores, coal, precious stones, radium, etc., are to be found in abundance throughout the black continent.

Relations with Africa are becoming more numerous and intimate and this tendency will certainly become stronger as time goes on. If the European cannot colonise these lands, he can at least take steps to ensure that they shall produce as much as possible. In Africa, the white man, except in a few localities, can do little more than direct the work which is, or should be, carried out by the natives. It is therefore our duty to see that native labour shall be as productive as possible.

Is native labour adequate ? What is the situation in this respect ?

IV. THE DEPOPULATION OF AFRICA.

Endemic and Epidemic Diseases.

It is no secret that, although, generally speaking, their birth rate is very high—40 to 70 per thousand—the black races are not increasing; on the contrary, they show a tendency to decrease and they will even disappear unless measures are adopted and energetically carried out to forestall this disaster. The lack of native labour is keenly felt throughout the continent and is a cause of anxiety to all the States. The Transvaal, for instance, is obliged to obtain 40 per cent of its labourers from the colony of Mozambique. In all the colonies the heavy work of levelling for railroad construction is a problem which is vastly complicated by the difficulty of obtaining a sufficient number of labourers, feeding them and protecting them from infection, quite apart from the additional problem of getting sufficient work from them. The exploitation of forests, mines and the agricultural resources of Africa is seriously menaced.

The causes of depopulation are numerous. For hundreds of years the history of the country has been one long series of invasions, tribal wars [2], slave-trading, periodical famines, and epidemics. Of the latter, sleeping-sickness causes appalling havoc. From 1914 to 1923, in French Equatorial Africa, the population has fallen from 4,950,000 to 3,500,000, mainly as a result of this disease [3]. Sleeping-sickness is one of the main causes of sterility among women and of infantile debility and mortality. Clapier (*Société de Pathologie exotique*, 1920) refers to villages on the banks of the Oubanghi where 35 deaths occurred and there were no births; " in general, six children are born while 21 die, in addition to 40 adults ". As a whole, in the Oubanghi district, where sleeping-sickness is very rife, the death rate is three times as high as the birth rate.

We only quote figures for French colonies, because we possess no definite information regarding other places. We should add that the Government of French Equatorial Africa has not remained indifferent to this peril, since four-fifths of its budget are devoted to public relief.

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[1] The Committee recommends: " It would be desirable for the Governments of the infected countries to afford facilities for Conferences between administrators and medical officers on both sides of the frontier in charge of the campaign against sleeping-sickness. There should be co-operation in order to ascertain what zones are affected, the prevalence of the tsetse-fly, migrations and movements of the population, all factors favourable to the communication of the disease, etc. "

[2] " In less than ten years, El Hajj 'Omar caused 6 million human beings to be massacred in the Hausa country; in one district, Rabah, in another, Samory, spread devastation far and wide . . . " (Camille Sabatier, *Le Trans-saharien*. Camillé et Fourniéc, Toulouse, 1922.)

[3] The Congress of Tropical Medicine, Loanda, 1923 — Mme. Vassal, *Natalité et Protection de l'Enfance en A. E. F.*

Moreover, this state of affairs is not confined to French territory; with variations, it is the same throughout the rest of the African continent.

The black population, except along the coast and near European settlements, where it has slightly changed its manner of life, has always been and still is *underfed*. The natives eat little or no meat, little or no fish; their diet consists of a few cereals and fruits. The natives do not endeavour by labour—which they detest — to increase the productivity of their soil; they therefore possess little power of resistance. Unclothed, badly housed, infested by every sort of parasite, they fall easy victims to *malaria, helminthiasis, dysentery, ankylostomiasis, filariasis*, and *bilharziosis* (which latter disease threatens to become as prevalent here as in Egypt) [1]. Finally the *pneumococcus* complicates the slightest pulmonary disorder. There is also the whole range of *children's diseases*, which carry off so many young lives and are fostered by ignorance, superstition and lack of hygiene. Special mention should be made of *infantile tetanus*, caused by an infection of the umbilical cord. *Leprosy, frambesia, craw-craw* and *phagedenic ulcers* also render incapable great numbers.

Then came the infectious diseases introduced by civilisation: *Tuberculosis*, which was formerly unknown, except perhaps in the country bordering on the Sahara whither the Moorish conquerors had brought it; tuberculosis is spreading in the towns and penetrating into the interior. *Syphilis*, too, is spreading rapidly; in certain parts of French West Africa it is estimated that 57 per cent of the population is affected (Nogué). *Alcoholism* is also a product of civilisation.

It is recognised, moreover, that the improved communications which we have established between the various parts of Africa have helped to spread *sleeping-sickness*. The long trains of carriers who accompany explorers and officials making their way into the interior bring the germs to localities in which the disease is unknown but the transmitting insect abundant. A great many centres of the disease have been formed in this way and the situation has become so alarming that all Governments are taking energetic steps to fight the disease.

Migrations and regular changes of habitat among the native races are responsible for the fact that *relapsing fever* has travelled from the shores of the Atlantic to Lake Chad and the borders of the Anglo-Egyptian Sudan, claiming over 100,000 victims along the French Niger alone, while *cerebro-spinal meningitis* has penetrated from the coast to the various States of Western and Equatorial Africa.

Smallpox has also caused much havoc; but in this case the possibility of establishing centres for the production of vaccine and the use of transportable dried vaccine have made it possible to carry on an effective campaign. The danger is decreasing considerably.

Finally *plague* is a disease imported by Europeans. After gaining a foothold in Senegal in 1914, it rapidly spread far into the interior, producing numerous cases and deaths.

V. DISEASES WHICH MAY BE IMPORTED FROM AFRICA.

In addition to the diseases which are more or less peculiar to Africa and which more especially affect the black races — although Europeans are by no means immune — there are other diseases, such as *yellow fever*, to which the natives seem less susceptible or against which they have been immunised but which might constitute a peril for countries in contact with the African continent.

Yellow fever is endemic on the Western Coast and in the eighteenth century claimed many victims among the European population. Outbreaks are less serious at present, but Africa constitutes one of the last centres of this disease in the world, for yellow fever is disappearing in America. The recrudescence of the disease is always a danger, and it may quite well spread to other places and to other countries in the same latitude which offer conditions favourable to the existence of the stegomya.

It is quite possible that other diseases may be imported into other continents. Europe, for instance, not only utilises black labour, but employs coloured troops who may well transmit to Europeans the germs of diseases which have hitherto been confined to the black races. Amœbic dysentery and helminthiasis have gained a foothold in parts of Europe or Northern Africa where they were hitherto unknown; ankylostomiasis, bilharziosis, filariosis and leprosy may also be imported into our countries.

We need hardly dwell on the innumerable forms of pyroplasmoses, trypanosomiasis, cattle plague, etc., which destroy so many herds, and might, with increased contact between Africa and other continents, cause a veritable economic disaster if imported into other countries.

VI. DUTY OF HUMAN SOLIDARITY.

Europe and all civilised nations are bound, in common humanity, to give a thought to the situation of these backward peoples who are being mown down by so many diseases and afflictions. It is true that colonists have endeavoured to mitigate the ills by which they were surrounded, and some they successfully fought down; but never until now have preventive medicine and hygiene possessed such powerful resources.

It is not so very long since we first became acquainted with the various aspects of sleeping-sickness, the conditions of its transmission and the arsenical products by which its ravages can be limited. With other tropical diseases the case is the same.

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[1] França (Congress of St. Paul de Loanda, 1923).

Much has still to be done. The territories are immense; they possess few roads and are difficult of access. One district is divided from another by obstacles such as impenetrable forests and vast marshes. The population is sparse and the health staff, not to mention the resources at its disposal, inadequate for the work which has to be done.

The Council and Assembly have approved the suggestions put forward by the Rapporteur for a mission of enquiry into sleeping-sickness. It was clear that the League of Nations could not abandon to its fate the enormous population of a vast continent. The League had a duty to humanity to fulfil, and it was bound to come forward and assist the efforts of the protecting and mandatory Powers to mitigate both the ills inherent to the land and those which civilisation itself had introduced or allowed to spread.

Far be it from us to propose that the Health Committee should interfere in questions which solely concern the various Governments and health administrations; but the Health Committee can offer its services, its great facilities for centralisation, and publicity to render the campaign which has already been undertaken more effective.

VII. NEED FOR RAPID AND PERIODICAL INFORMATION ON HEALTH.

Surely, by securing exact and rapid information on epidemiological conditions in the various parts of the African continent, the intensity of a given disease and the direction in which it is spreading, the methods employed to combat it and the migrations of population, we shall enable each State to protect itself against possible outbreaks in a neighbouring territory.

Should not the already established international rule for pestilential diseases which threaten ports also become a rule when the same diseases, or others as serious and widespread, develop in the hinterland ?

To information on the number of cases and their increase or decrease, it might sometimes be useful to add a statement on the measures adopted, the new processes employed and the results obtained. A knowledge of the health organisations and scientific work of others may be of great use, quite apart from the fact that it encourages healthy emulation.

We can quote a striking example, in the case of French North Africa. Having had occasion to travel to Tunis, we explained the advantages of the epidemiological bulletins which had been published in Algeria since 1907. Tunis immediately prepared a bulletin, which is published every ten days. Morocco, which has hitherto sent us only fragmentary information, has now decided, in order to co-operate effectively in the work of the pan-African Bureau, to publish a bulletin similar to those which appear in Algeria and Tunis.

The Health Committee will, we are sure, be able to persuade certain African countries to issue similar bulletins and exchange information with other States; we shall thus be creating, for the good of all, health liaison which will open out the way for valuable scientific co-operation.

VIII. CONDITIONS WHICH AN EPIDEMIOLOGICAL INFORMATION CENTRE SHOULD FULFIL.

Apart from the opinion formed at Freetown, a number of Governments have recently expressed their views on the desirability of establishing a centre for health information. The British reply states — without advancing any reasons — that it cannot fall in with the French proposal, but the Belgian, Spanish and Portuguese Governments agree with the proposal for the rapid exchange of epidemiological information, close co-operation between the various territories being the best means for combating diseases and securing the welfare of the populations.

A centralising bureau must fulfil certain conditions which the Belgian Government's reply defines in greater detail than the other replies; it must be chosen with a view to its telegraphic and postal facilities and its railway, air or sea communications.

The Belgian Congo would like the Bureau to be a pan-African one; the other administrations would be content with a special bureau in West Africa.

Spain proposes Monrovia as the Bureau's headquarters, because it is the most central point on the West Coast of Africa and, above all, because Liberia occupies a privileged position as being the only territory in this part of Africa which is not a colony.

Portugal would prefer Dakar, and Belgium, Geneva, on account of the latter's facilities for international communications.

To sum up:

For the creation of a health bureau, general approval, apart from the abstention of the British Government.

For a pan-African bureau, Belgium and South Africa.

For a special West African Bureau, Spain and Portugal.

France had proposed Dakar, a suggestion which is officially supported by Portugal.

IX. THE SITUATION OF ALGIERS AS A CENTRE OF HEALTH INFORMATION.

The Health Committee having, by a unanimous decision, instructed me to consider the possibility of establishing the Bureau at Algiers, I will simply furnish a statement on the situation of Algiers as regards the following categories of communications:

(*a*) Sea,
(*b*) Air,
(*c*) Railway,
(*d*) Cable,
(*e*) Wireless,
(*f*) Automobile.

A. Algiers as a Maritime Centre.

Three shipping companies (passenger and mail lines) maintain a regular service between Algiers and *France*. The crossing takes 26 hours; there are eight mails per week in winter and ten in summer. In addition, there are regular mail services to Oran, Bougie, Philippeville and Bône; once or twice a week from Marseilles, Port Vendres and Cette.

Service with Spanish ports, three mails per month;

Service with Italian ports, five mails per month;

Service with Moroccan ports, 18 to 20 mails per month (six French and three foreign companies maintain this service as some of the vessels touch at Oran);

Service with Tunisian ports, 30 mails per month (13 French companies and more than ten foreign cargo lines);

Service with French West African ports, three per month.

It should be pointed out that communications with Spain and Italy are very convenient and frequent via Marseilles or via Oran and Tunis.

There are regular sailings to and from the *Near East* five times a month; ten vessels belonging to eight French or foreign lines and coming from the *Far East* touch at Algiers; the " Compagnie Havraise " has two mails for Madagascar, and the " Nederland " Line has two mail boats which stop at Genoa and Algiers.

The vessels of four companies (three French and one Italian) coming from the Atlantic (Europe or America) touch at Algiers on their way to the Near or Far East, with two monthly mails each.

In addition, during the winter the port is visited by about 40 large tourist vessels which ply between America and the British ports and Algiers and the Mediterranean. The daily service between Algiers and France enables rapid postal communications to be maintained with countries not directly connected with Algerian ports. For instance, in addition to the vessels which call at Algiers and Oran on their way to Morocco and Dakar, seven vessels leave Marseilles every month for French West Africa, five mail steamers leave Bordeaux for Morocco and four for Dakar. Five regular mail boats also leave Marseilles for Jibouti, Madagascar or the east coast of Africa.

As regards shipping, Algiers is the *third* most important French port, coming after Le Havre and Marseilles but before Rouen. In 1924, the shipping statistics were as follows:

1.	Le Havre	15,353	(entered and cleared)
2.	Marseilles	13,607	» »
3.	Algiers	8,420	» »
4.	Rouen	8,084	» »
5.	Oran	7,037	» »

Bordeaux comes tenth, Tunis twelfth and Bône twenty-second.

In 1925, 4,046 vessels entered the port of Algiers:

From the East	464
From the Far East	285
From the Straits of Gibraltar (Europe, Africa and America)	1,498
From France	929
North African coastwise traffic	870
	4,046

The following tables show the position occupied by Algiers among the principal Mediterranean ports (entries only):

According to tonnage.

1.	Port Said	19,806,823
2.	Marseilles	10,068,061
3.	Constantinople	7,646,550
4.	Genoa	7,200,000
5.	Algiers	6,441,846
6.	Naples	5,288,012
7.	Alexandria	4,276,913
8.	Malta	4,038,249
9.	Barcelona	—
10.	Trieste	2,546,568
11.	Piræus	2,323,705
12.	Salonika	1,427,168
13.	Haifa	—

According to number.

1.	Trieste	9,869
2.	Marseilles	6,475
3.	Piræus	6,252
4.	Naples	5,331
5.	Constantinople	5,230
6.	Port Said	5,021
7.	Genoa	5,000
8.	Algiers	4,122
9.	Malta	2,891
10.	Alexandria	2,666
11.	Barcelona	2,125
12.	Salonika	1,857
13.	Haifa	1,216

Vessels crossing the Mediterranean formerly called at Gibraltar and Malta to take in supplies. The natural advantages of Algiers and the facilities granted in this port, have reduced these stops to one. Algiers has become a very favourite port of call for tourist vessels, cargo-boats, etc., which take in coal, water and supplies.

Algiers has daily connections with countries along the Atlantic seaboard and with the Near and Far East.

A number of vessels have adopted Algiers as a port of transit for goods and passengers, who re-embark there for other destinations.

B. Air Communications of Algeria.

The "Latécoère" Company has organised a daily line *from Toulouse to Morocco*, across Spain; the aeroplanes fly from Toulouse to Casablanca (1,850 km.) in 13 hours (stopping at Barcelona, Alicante, Malaga, Tangier, Rabat).

Two aeroplanes maintain a bi-weekly service between *Casablanca* and *Oran* (with landings at Rabat and Fez).

For some months there was a bi-weekly service between Alicante and Oran; experiments have been made in connection with a line from Barcelona to Algiers, with intermediate landings in the Balearic Islands. But a new organisation has now been started, which maintains a direct service between Marseilles and Algiers. The voyage takes from five to six hours.

An aeroplane leaves *Casablanca* weekly for *Dakar*.

There is a line from *Nice* to *Ajaccio*, which will shortly be extended to Tunis.

Some years ago, the Sahara was crossed several times, the most notable instance being the crossing by the Vuillemin Squadron, during which General Laperrinne lost his life. Since then, other missions have experienced no difficulty in making this journey, since landing-grounds and supply depots have been organised. Even in the winter of 1924-25, the Government of French West Africa and the administrations of North Africa (including Algeria) made preparations for aerial penetration across the desert; De Goys (1925) and Paolacci (January 1926) travelled through from the north to the south; Commandant Tulasne (January 1926) flew from the *Niger* to Colomb-Bechar and back. Reconnoitring aeroplanes regularly fly from post to post in the south. The map on the following page shows the air bases and landing-grounds in French Africa.

The Algerian bases are Colomb-Bechar, Algiers, Laghouat, Setif, Touggourt, with landing-grounds at Ain-Sefra, Géryville, Jelfa, Constantine, and, for the Sahara, Igli, Beni-Abbes, Agrar, Ouallen, Ourgla, Hassi-Inifel, Aîn-Guettarar, In-Salah, Tesnou, Tamanrasset.

These posts connect, in the south, with those at Kidal, Taberrachet, Bao, Timbuctoo, Bamaho, Kayes, Dakar (in French East Africa); in the east with those of Tunis and Gabes (Tunis); in the west with those at Oujda, Taza, Fez, Meknés, Marrakech, Rabat, Mogador (Morocco).

C. Railway Communications.

Excellent carriage-roads connect up all parts of Algeria and the two neighbouring Protectorates. The railway from Casablanca to Tunis traverses the whole of Northern Algeria, while lines to the interior run south from Philippeville to Touggourt, and from Oran to Colomb-Bechar, whence convoys leave for the Sudan across the Sahara.

Mails arriving in one of the ports along the coast are distributed by rail and the innumerable motor-bus services all over the colony.

D. Cable Communications.

The following cables connect Algeria with the various Mediterranean and African colonies:

1. *With France:* Algiers-Marseilles, three submarine cables.
   Oran-Marseilles, one submarine cable.
   Philippeville, one submarine cable.
   Bône, one submarine cable.
2. *With Morocco:* Oran-Tangier, one submarine cable.
3. *With the East:* Bône-Malta, two submarine cables.

The last mentioned, which are owned by a British company, pass by Alexandria and serve the coast of Africa via Suez, Suakim, Obock, Aden, Zanzibar, and Mozambique. From Mozambique a French cable runs to Majunga (Madagascar). From Malta there is a cable to Tripoli, while Tripoli is connected with Syracuse by an Italian line. Communications with West Africa pass over the lines Algeria-France and Brest-Dakar, or Oran-Tangier, Tangier-Cadiz, Cadiz-Teneriffe, Teneriffe-St. Louis. Moreover, the land-lines between Algeria, Tunis and Morocco are largely used. There is telegraphic communication between Algiers and Casablanca; from Casablanca to Dakar there is a French submarine cable.

We need not refer in detail to the telegraphic communications which, by submarine cable, connect the various States of the West African Coast.

The rates will be found in the universal list; they are calculated in gold francs.

Morocco is connected with France by the Casablanca-Brest cable, the land-lines across the Spanish zone to Tangier (which are not much used) and the cables Tangier-Oran and Tangier-Marseilles; finally, the British Tangier-Gibraltar cable and the Spanish cable Tangier-Ceuta Ceuta-Malaga (Spain).

The *Belgian Congo* has sent us a list of its telegraphic communications.

E. Wireless Communications.

The following map shows the wireless stations which have been set up along the African coast.

The principal stations in North Africa are those at Algiers (Fort-de-l'Eau), thence eastwards to Philippeville, Bizerta, Tunis, Cape Bon, Sousse, Sfax, Gabes, Tripoli, Bengazi, Alexandria, and westwards, to Oran, Ain-el-Turk, Melilla, Tangier, Larache, Casablanca, Agadir, Cape Juby, Villa Cisneros, Port Etienne, Dakar, Bathurst, Sierra Leone, Tabou, Accra, Kotonou, Lagos, Fernando-Po, Cabinda, Grand Bassana, Loanda.

We should also mention the special aviation wireless stations: Oran (La Sénia), and Oran (hydroplanes), Algiers (Maison-Blanche), Algiers (l'Arba) and Bône.

Algeria also possesses a system of wireless stations connecting the principal points of the Sahara with Northern Algeria on the one hand and French West Africa on the other.

The map showing the progress of penetration towards the centre of Africa indicates these various stations.

They are Bou-Denib, Colomb Béchar, Beni Abbés, Tabelbala, Adrar, Timimoun, El Goléa, Ouargla, Fort Flatters, Fort Tolignac. They may, under an agreement concluded on August 25th, 1925, between Algeria and French West Africa, transmit private telegrams to the following posts of French West Africa: Kidal, Timbuctoo, Bamako, Dakar, Atar, Chinguetti (Adrar de Mauritanie); and the following stations in French Equatorial Africa: Tahona, Agades, Zinder, Bilma and Brazzaville.

In addition to the three stations at Bizerta and those along the sea-coast, there are in Tunis, the interior and Sahara stations at Gafsa, Metlili, Médenine, Tatahouïne, Bir Aïoun, Dehibat, Dganet. Morocco has no stations available for private communications, but, according to the Director of Posts, Telegraphs and Telephones, there are stations belonging either to the military, naval or air authorities which could, if necessary, communicate with Algeria.

The stations in Southern Algeria and Tunis are mainly used to maintain contact between the various occupied districts, to facilitate transport and ensure the safety of caravans, motor convoys or air expeditions. Communications are precarious, not so much owing to the atmospheric storms as to the quality of the material and the staff which it is somewhat difficult to recruit for these desert areas.

The high-power stations at Brazzaville and Bamako could communicate with Paris and the large European stations. The Arba station at Algiers could doubtless exchange telegrams with the Bamako and Brazzaville stations; it is used for aviation and has a goniometrical station established in 1924 with a force of two kilowatts and a range of 1,500 to 3,000 kilometres.

I think that, apart from certain special cases in which serious epidemiological facts had to be notified urgently, wireless communications would not be of much practical use for the present. I am, however, certain that all the authorities would be quite willing to carry out experiments

in transmission, under special conditions to be defined later, to ascertain the possibility of sending official communications, such as health communications, between Central Africa and the North African coast.

The future of wireless is very great. A discovery has quite recently been announced by which all atmospherics can be eliminated; short-wave lengths — a comparatively new line of study — will perhaps soon come into general use. The latter method, by which General Ferrier's laboratory in Paris communicated clearly with Jibouti, is very easy to instal and costs little, indeed the cost is not likely to exceed 20,000 francs (or perhaps even 15,000 francs) and it possesses the advantage of being able to send and receive messages when long-wave stations are unable to communicate.

F. Motor Communications.

Until recently, it had always been thought that crossing the Sahara would never be practicable; rare indeed were the explorers who had traversed it in caravans. Successive Governors-General of Algeria realised how desirable it would be to establish contact with the countries to the south of the great desert, and numerous missions have explored the country, noting the oases, water supplies and most suitable tracks. Many of these explorers were killed by Tuaregs, or lost their way and perished. At last the Foureau Lamy Mission showed that Northern Africa could be connected up with the Sudan. Subsequently, with the pacific conquest of the Sahara populations,

more and more frequent, and finally regular and constant, communications were established between the Algero-Tunisian posts and those of French West and Equatorial Africa.

The Citroën expeditions in 1923 and 1924 are still fresh in our minds; it will be remembered how M. Citroën with his caterpillar cars crossed the Sahara several times, either from Constantine via Biskra, or from Oran via Colomb Bechar and Saoura, reaching the Niger and Lake Chad. The Renault Mission with six-wheeled cars also made the crossing. Some travellers, like Captain and Madame Delingette, after skirting the Congo, ended their journey at the Cape. Others proceeded along the East Coast of Africa and finally arrived in Madagascar. Haardt, Ardouin Dubreuil, General Lestienne and his sons, and Gradis are names known to all, and the cinema has shown to the public the various vicissitudes of these journeys across the Sahara and the black continent.

It must not be thought that these expeditions, or that made by Colonel Courtot from Tunis to Chad along the Tripoli frontier, are merely " stunts ". These journeys are comparatively easy; a Counsellor of the Government of Algeria proceeded in a heavy motor-lorry, from Algiers to Timbuctoo, remained in Timbuctoo for a few days and returned to Algeria, all within a month.

Successful attempts have been made to cover part of the route with ordinary cars and tyres. On September 13th last, the newspapers announced that an officer for native affairs had crossed from Oran to Bourem and Timbuctoo, via Colomb Bechar and Adrar, in an ordinary 10-h.p. torpedo.

X. CONNECTIONS BETWEEN NORTH AND CENTRAL AFRICA.

In agreement with the Government of French West Africa, the Algerian Government has for several years been engaged in preparing tracks across the Sahara, choosing, of the three main routes followed by former motor caravans, that which seemed to be the easiest to cross, maintain and supervise. It passes from Algiers via Laghouat, Ghardâia, El Goleah, Insalah and the Hoggar; this is believed to be the route formerly followed by the Romans. In the Hoggar the routes divide, one going towards Chad and the other towards Bourem, Timbuctoo and the Senegal Coast.

The Citroën Company had prepared hotels and bordjs for supplies in view of a regular service across the Sahara; these preparations have been suspended for the present. But other companies have been established to maintain periodical services. The Laglese Company will carry the mail three times a week from Touggourt to Ourgla, while the Transatlantic Company will serve the Great Erg and the southern oases.

The *Catelan Company and the P.L.M.* are at present constructing bordj hotels, and are supplying depots and workshops for repairs with a view to establishing in 1927 a regular round service with departures every twenty days, along the Niger, passing along the Government route: Djelfa, Ghardaïa, the Hoggar, Timbuctoo and French West Africa.

Another company, the *Compagnie générale Transsaharienne* will, in October, start a regular service via Colomb Béchar, Saoura, Tessalit and Bourem to Timbuctoo. It has also organised routes and supplies and possesses a wireless station.

In two years' time the tracks will be completed and it will then be possible to travel by ordinary cars, for all along the route there will be shelters, depots for repairs, and petrol supplies. Travellers will be protected by air and wireless supervision.

When it is remembered that an officer or an official leaving East Africa to return to France on leave or at the end of his service takes about two or three months to reach his native country by the ordinary routes, and that he has to be replaced during his absence, it will be understood that even with the high cost per kilometer of motors crossing these desert areas it will be worth while to send back Europeans residing in the Sudan over the Sahara route. An agreement is being prepared for this purpose.

The Chambers of Commerce of Oran, Algiers and Constantine are making preparations for a tour to study economic conditions along the Niger; three motor caravans will leave on November 1st from the three main towns by different routes, meet at Insalah and then proceed to Bourem, thence, via the Niger and Kayes, to Dakar, where they will embark.

The Sahara has been conquered; the desert is no longer an obstacle. It is crossed as the sea is crossed, with the difference that, whereas nothing can be obtained from the sea during the voyage, in the Sahara may be found assistance, water, vegetation and resources. Air, Adrar of the Iforas are elevated plateaux; the Hoggar attains nearly 3,000 metres. There is rain, there is cold, there are woods, and Europeans can live there. These three mountain groups are stopping places which have been properly organised and which will make it possible to maintain communications between North Africa and the Sudan.

It is the intention of the French Colonial Governments to strengthen the ties which unite the French African possessions; if the traders and farmers of Algeria begin exploring Equatorial Africa, as they are enterprising and full of initiative and energy, in a few years the trade route will run through Northern Africa and the trans-Saharan railway will come into being.

Before this project is carried out, it will be necessary to consider the effect on public health that might result from bringing within the Mediterranean radius diseases of men and animals which have hitherto been confined to Central Africa and might easily spread from the Algerian ports to Europe.

XI. DOES ALGIERS SATISFACTORILY FULFIL THE CONDITIONS FOR AN INFORMATION CENTRE ?

We do not think it necessary to insist on the advantages which Algiers presents for the collection and transmission of information. The shipping and air lines connecting Algiers with France, the rest of Africa and the other European ports are adequate; in addition to the railways which serve North Africa, there is a regular organisation for penetration by motor-car into the heart of Africa which it would be difficult to find elsewhere. Submarine cables and telegraph lines allow of the rapid transmission of information, and the wireless system seems to be highly developed; as this new science progresses, this method will be easier to use.

The most serious objection which could have been raised against Algeria, namely, that it is out of the way and too cut off from the rest of the continent (because it is separated from the rest of Africa by the Sahara), is entirely met by the measures which have been taken during the last few years to connect French Northern African possessions with her Equatorial and Western colonies. The Sahara no longer exists; at least it no longer separates, but even forms a link. In a very few years French Africa, with its motor connections, will form one single territory.

At annual meetings the Governor-General of Algeria and the Residents-General of Tunis and Morocco have drawn up similar sets of administrative rules, prepared the way for closer mutual relations, and established health liaison which has already given good results. In 1926, at one of these meetings, French West Africa was represented for the first time; it will certainly be represented with greater regularity when communications become easier.

If the Governments consider that the Information Centre ought to deal solely with West Africa, we think that its headquarters should be established on the West African coast in a port possessing good communications with Europe, America and the other maritime towns of the Atlantic seaboard. Does Monrovia possess all these advantages ? We think that Dakar, as proposed by Portugal, certainly possesses greater facilities and better means for the object in view.

If, on the contrary, it is held that the new service should deal with the whole African continent, and in the first instance with North and West Africa, the organisation must have its headquarters in Africa and not in a European town. In June last, the Health Committee definitely decided against the choice of a non-African town, and Geneva does not seem to offer such advantages as to lead the Committee to reverse its decision.

XII. ALGIERS AS A CENTRE OF INFORMATION FOR THE MEDITERRANEAN.

Algiers is in constant communication with Europe, from which it is only one day's journey distant. On looking at the map, it will be seen that the Mediterranean is divided by Sicily into an eastern and a western portion. Algeria is practically in the centre of the latter, and on the route followed by vessels proceeding from Gibraltar to the Near East or the Suez Canal.

If the proposal suggested by the Rapporteur of the Health Section to the Assembly is adopted, and a number of district bureaux are established to collect maritime health information, Algiers would suit the purpose admirably. A very favourite port of call, it receives from vessels information on important health matters in the countries from which they come, and provides them with information obtained elsewhere. The importance of Algiers and its situation would, under the same conditions as the Piræus in the Eastern Mediterranean, render this port a suitable district bureau. In actual practice, Algiers has already been this for a number of years. Thanks to its old-standing organisation and its situation between the two neighbouring Protectorates, it centralises the epidemiological information from Tunis, Morocco and Algeria and transmits this information to all the sanitary services of Northern Africa and to the countries which maintain relations with Algeria. The North African statistics which appear in the bulletin of the International Health Office of the League of Nations are based on the bulletins published in Algiers.

With the progress of Sahara penetration, very complete contact, from a health point of view, will certainly be established with West and Tropical Africa, even if no centre of information is set up in Algeria.

XIII. WHAT SORT OF INFORMATION SHOULD THE CENTRE AT ALGIERS COLLECT ?

At its June meeting, it seemed to be the desire of the Health Committee that the Algiers Bureau should differ from the Singapore Bureau in that, instead of merely collecting administrative information, it should become rather a centre of scientific information.

Certainly, as Professor Cantacuzène pointed out, Algeria and North Africa have made a considerable contribution to tropical pathology. The names of Dr. Ch. Nicolle, Dr. Sergent, Dr. Burnet, Dr. Remlinger and their pupils will always be remembered in connection with discoveries regarding *typhus and relapsing fever* (and their transmission by lice) *kala-azar in children*, the *Aleppo boil, intermittent fever, malaria, trachoma, bilharziosis*,

the *sera* and *vaccines* of *scarlet fever, soft chancre,* etc. Research work, with practical results into *sheep-pox, debab, piroplasmosis* and other diseases affecting domestic animals, has been carried out in North Africa, mainly by the Pasteur Institute of Algiers.

It would doubtless be extremely useful for all the heads of health services to receive, together with notification of one or more contagious cases, a summary, statement, or list of documents on the work done in different countries on one particular disease.

So many publications appear in foreign languages that it is impossible to keep in touch with all the literature on any given subject. An epidemiological bulletin containing, in the form of an annex, either bibliographical indications or a short summary of work and researches carried out in connection with African diseases, might possibly be of considerable interest.

This is the rôle which the *Bulletin Sanitaire de l'Algérie* endeavours to fulfil in North Africa. In this Bulletin the epidemiological information is followed, for the use of practitioners, by accounts or summaries of the latest publications on the pathology of the country.

XIV. SUPPORT FROM AFRICA.

In order to meet the Committee's wishes, I have written to all the health administrations in Africa with whom I am in relation. Unfortunately, during the summer months, nearly all the officials, and particularly the governors and heads of services, are on leave in Europe. Under these circumstances I have received only a few replies. I have, however, obtained the entire adherence of Morocco and Tunis, and a promise of help if necessary from Dr. Ch. Nicolle, whose authority as a scientist is undisputed; M. Carde, Governor-General of West Africa, has also promised me his support.

There will certainly be further examples of this sign of good will. I base my hopes on a communication I have just received from Medical Inspector-General Lasnet, Director of the Health Service of French West Africa. He informs me that the British, who, at Freetown, did not seem very anxious to organise a bureau of health information (as stated above, the British Government affirmed that it was not at present able to carry out such a suggestion), have now themselves come forward with a proposal to establish relations between the various States. " The Government of Nigeria has put forward a proposal which really amounts to a Convention for establishing co-operation. The Director of the Biological Institute at Sierra Leone was sent to us for the same purpose, and the Gold Coast and Gambia have already begun to send us information."

These are the regional agreements provided for in the Health Convention, and they are being concluded between the various States of West Africa. This decision will, I am sure, meet with your approval. The situation is therefore very satisfactory; local and universal health protection can best be secured by health co-operation between these neighbouring countries, which are so similarly situated.

The agreements concluded in 1923 between the three French possessions of Africa Minor (Algeria, Tunis and Morocco), which were extended in 1926 to French West Africa, do not in any way run counter to the present proposal which is of a more general and far-reaching character.

XV. DRAFT ORGANISATION OF THE INFORMATION CENTRE AT ALGIERS.

As already stated, it has been impossible, during the last few " holiday " months, to obtain from the administrations working under summer conditions official replies or any documents worthy of publication. If an experiment in collecting information is to be carried out, it must be begun in the winter, and we shall have to be allowed several months to ascertain the results. In order to avoid expenditure which would be wasted if the Centre does not continue its work, we would propose that no premises should be acquired or rented, and no office material purchased. We could house the Centre provisionally in our own offices. It would be sufficient to provide salaries for the staff which would receive the information, classify it, and prepare the bulletins. The latter would, according to circumstances, be sent out by telegram or by post.

In my opinion, only information concerning *plague* and *yellow fever* should be sent by cable. It might, perhaps, in certain cases, also be necessary to telegraph news on *relapsing fever* and *cerebro-spinal meningitis,* or any other acute infection assuming serious proportions.

I would propose, as staff, a doctor acquainted with several languages, or, at any rate, with English, and a stenographer.

Allowance would have to be made for certain office expenses and credits for postage and telegrams, printing or roneographing bulletins, preparing maps and graphs, and purchasing several works on Africa, principally pathological works.

As I am not aware of the sums which could be granted us, and as I wish to reduce expenditure to a minimum, at any rate during the trial period, it is very difficult for me at present to establish a budget for the Centre. I would beg leave to discuss with the Health Section the details of the organisation and administration of the proposed bureau in order that its work may be adapted to the credits available.

Algiers, September 30th, 1926.

(Signed) RAYNAUD.

Appendix.

DRAFT BUDGET FOR THE ORGANISATION AND WORKING OF THE INFORMATION CENTRE AT ALGIERS.

		French francs.
I.	*Organisation*	Pro memoria
II.	*Working Expenses:*	
	Staff: One doctor	15,000
	Stenographer	12,000
	Additional assistance	5,000
	Office expenses	5,000
	Printing	10,000
	Postage and telegrams	18,000
	Various, unforeseen expenditure	5,000
	Total	70,000

At the present time this represents about 10,000 Swiss francs.

ANNEX TO THE REPORT ON THE PAN-AFRICAN EPIDEMIOLOGICAL CENTRE.

General Survey of Infectious Diseases in Western and Tropical Africa in the Last Few Years.

Cerebro-spinal meningitis. — Originating in the Gold Coast in 1907, this disease subsequently made its appearance in the Sudan. In 1921, from British Nigeria, it had reached Niamey (French Niger). In 1923, again from Nigeria, it had reached Zinder (French Equatorial Africa), where it caused 4,000 deaths.

Since 1921, there have been over 25,000 deaths in West Africa.

Relapsing fever. — Isolated cases were reported in 1876, 1880 and 1906 along the Niger and the Basi.

In the French Sudan there were in one year (1921-22) 108,696 cases.

From the Sudan and the Upper Volta, it spread to the Niger. In 1924, of 1,100,000 inhabitants, 50 per cent had been affected and 100,000 deaths occurred.

The relapsing fever caused by lice which produced these epidemics might well be the relapsing fever caused by ticks and assimilated by lice.

The following is the number of cases which occurred in the other African countries from 1923 to 1925:

	Cases		Cases
Gold Coast	176	Northern Rhodesia	101
Nigeria	2,051	Tanganyika	320
Nyasaland	289	Egypt	4,325
Uganda	1,076		

Cholera. — This disease made its appearance in Morocco in 1866; it then passed south, causing havoc at Mogador. By the desert it reached the Wady Dra'a and Senegal in 1868, when there was a very serious outbreak.

A fresh and last epidemic occurred in 1893; St. Louis, Dakar and Rufisque were affected.

Plague. — Morocco was seriously affected before the war; in 1914 the plague came to Dakar, where 50 per cent of the population contracted the disease. All forms were observed, but particularly the septicæmic and pneumonic at the beginning. There was a very high death rate among rats. At Dakar, 1,423 inhabitants died.

		Deaths	
1919	Dakar	832	
1920	»	127	
1921	»	884	out of 1,180 cases (74 per cent case fatality).

As a result of the energetic measures taken, only isolated cases now occur, but Rufisque was affected in 1914 and St. Louis in 1917. Central Senegal was invaded in 1919 and the whole of Senegal in 1920, which in eleven years (1914-25) lost 31,753 inhabitants.

Throughout the whole of Africa, from 1922 to 1925 inclusive, the following cases have been recorded:

	Cases		Cases	
Algeria	38	Mauretania	11	
Angola	812	Nigeria	1,172	
Gold Coast	325	Nyasaland	11	
Egypt	2,521	Uganda	3,877	(3,636 deaths)
Canaries	79	Senegal	4,331	(2,641 deaths)
Cape Verde Islands	56	Italian Somaliland	82	
Mauritius	472	Tanganyika Territory	177	
Kenya	2,937	Tunis	62	
Madagascar	4,226	Union of South Africa	508	
French Morocco	221		21,918	in four years.

Yellow fever. — The first outbreak of which the history is known is that which occurred in 1779, destroying Gorea. Since then Senegal has experienced outbreaks about every ten years. In 1830, there was a fresh epidemic, which decimated Gorea and Dakar; at St. Louis 50 per cent of the Europeans died. The infection came from Sierra Leone. In 1837 it came from Bathurst and caused numerous victims; 23 per cent of the Europeans died. Again coming from Bathurst in 1859, yellow fever caused in Gorea 244 cases among the 267 Europeans. In 1866, it lasted for three months at Gorea; there were 83 deaths. In 1878, seven-eighths of the population of Gorea was destroyed; Dakar lost 50 per cent of its population. Of the Europeans there were 749 deaths out of a total of 1,474. The disease took an appallingly heavy toll of doctors and chemists, of whom 22 died.

1880, St. Louis, 80 deaths.

1882, Gorea, 15 deaths. Gorea was definitely abandoned as being too unhealthy; this was the beginning of the development of Dakar.

1900, Dakar attacked. Also Rufisque and St. Louis, 50 per cent deaths; Gorea, 20 deaths.

The Sudan was infected along the railway line from Kayes to Bamako (1891-93). Toukoto (1906), Grand Bassam (1901-03) sporadic cases.

Since 1922, isolated cases have been reported at Segon, Sikore (Niger), in Dahomey and in the Sudan.

From 1921 to 1925 the following cases have been reported in West Africa:

	Cases
Ivory Coast	10
Gold Coast	46
Dahomey	14
Liberia	4
Nigeria	25
Sudan	6
Togo	1
	106

Typhus. — Doubtless, owing to the fact that some of the black races wear no clothes, typhus is unknown throughout the greater part of Africa. It is only met with in the north (Algeria, Tunisia, Morocco, Egypt), where the inhabitants are Berbers, and in Basutoland and the Union of South Africa, where no doubt the blacks wear clothes.

These are the figures for the cases reported from 1920 to 1925:

	Cases
Algeria	11,352
Tunis	970
Egypt	25,161
Union of South Africa	34,570
Basutoland	2,416
	74,469

[This information has been collected from various sources, but is mainly drawn from a lecture delivered by Dr. Brau at Dakar (*Bulletin de la Société de Pathologie exotique*, 1926, No. 5).]

We should like to thank the Director-General of the Postal Service of Algiers, M. le Commandant LEMAITRE, Chief of the Geographical Service of the 19th Army Corps, and M. Flotte de ROQUEVAIRE, Director of the Algerian Topographical Service, who have been good enough to give us most valuable information and to prepare very detailed charts showing the lines of communication by wireless, by aeroplane and by motor-car in the north-west districts of Africa.

THE AUTHOR.

C. H. 509.

ANNEX 111.

PROPOSED ESTABLISHMENT OF A SANITARY EPIDEMIOLOGICAL BUREAU FOR WEST AFRICA.

REPLY FROM THE GOVERNMENT OF THE UNION OF SOUTH AFRICA.

Pretoria, September 7th, 1926.

I am directed by the Prime Minister to inform you that the question of the establishment of a Sanitary and Epidemiological Bureau on the West Coast of Africa was discussed at Freetown on May 17th, 1926, by members of the League of Nations Study Tour (West Africa), Sir Edward Thornton being present as the representative of the Health Department of the Union of South

Africa. It is considered that the establishment of a West African Bureau would involve the various Administrations in expenditure for which they would not get proper value and that the Bureau would not be of much, if any, use to South Africa.

In the circumstances, the Union Government does not see its way to contribute to the cost of the establishment of such a Bureau, but, if it should be decided to establish a Bureau in a suitable locality with the object of serving the whole continent of Africa, the Union Government would be willing to consider the question of making a fair contribution.

SOUTHERN RHODESIA.

The Medical Director understands that the Dominions Office of the Government of Great Britain have now heard from the High Commissioner for Southern Rhodesia in London that the Medical Director in Southern Rhodesia advises that the endemic and epidemic diseases of West Africa which the recent study tour has been specially requested to consider are not at present of outstanding importance in Southern Rhodesia and it is not considered that the colony is directly interested in the establishment of an Epidemiological Bureau in West Africa.

C. H. 509.

REPLY FROM THE BELGIAN GOVERNMENT.

[*Translation.*] Brussels, September 17th, 1926.

I have duly informed my colleague in the Colonial Department of the contents of your letter of July 23rd last relating, to the establishment of a Sanitary and Epidemiological Bureau on the West Coast of Africa.

M. Houtart writes that, after considering the reports of the doctors who took part in the interchange organised by the League of Nations on the West Coast of Africa, he considers that, since the Belgian Congo is pre-eminently a Central African colony with a small seaboard and very extensive frontiers, the Bureau should be Pan-African.

The Minister for the Colonies considers that the place selected for the establishment of the Bureau should possess full postal and telegraphic facilities and be conveniently situated as regards railway, air and maritime communications.

Following the advice of the Governor-General of the Belgian Congo, he proposes the selection of Geneva for the seat of the Sanitary and Epidemiological Pan-African Bureau; this Bureau should be set up at the headquarters of the Health Committee of the League of Nations, of which it would form a natural appendage.

Indeed, Geneva possesses all the requisite facilities from the point of view of international communications. Even should another place be selected, all or almost all the communications received at the Bureau or despatched from it would be communicated either by cable or otherwise to the Health Committee at Geneva. M. Houtart adds that it should not be forgotten that this Bureau would only be a centre of information and not a scientific centre. Two clerks would be sufficient for this transmission work; consequently, work would be simplified and an economy effected on staff.

For these various reasons, and until some other Central African town fulfils the conditions required for a Pan-African Sanitary and Epidemiological Bureau, my colleague at the Colonial Office considers that the selection of Geneva is preferable to any other.

In forwarding his reply to me, the Minister for the Colonies transmitted for your information the following details concerning telegraphic communications in the Belgian Congo (Appendix).

(*Signed*) *The Director General,*
For the Minister.

Appendix.

BELGIAN CONGO.

Telegraphic Lines.

The Belgian Congo is connected with the following adjoining territories:

(1) Banana - Cabinda;
(2) Matadi-Noki (Angola);
(3) Leopoldville - Brazzaville (French Equatorial Africa);
(4) Beni - Fort Portal (Uganda);
(5) Sakania - Broken Hill (Rhodesia);
(6) Albertville - Kigoma (Tanganyika Territory) by wireless.

It is connected with Europe by the cable of the Eastern Telegraph Company:

(1) From Banana to the St. Thomas - Loanda cable;
(2) From Elisabethville by wire to Cape Town, and thence by cable;
(3) From Albertville by wireless to Kigoma (Tanganyika Territory) and by wire to Dar-es-Salam;
(4) From Beni to Fort Portal and Mombasa by wire and thence by cable.

A wireless shore station connects Banana with ships at sea.

Wireless stations exist at Albertville, Banana, Basankusu, Basoko, Beni, Buta, Coquihatville, Elizabethville, Ilebo Kikinga, Kindu, Kongolo, Leopoldville, Lusambo, Stanleyville, Chikapa, Umangi, Usumbura, for internal communications.

The cost of telegrams for Algeria is 3.125 gold francs via Banana, and 3.22 gold francs via Sakania and Cape Town.

C. H. 509.

REPLY FROM THE SPANISH GOVERNMENT.

Translation.] Madrid, September 6th, 1926.

I have the honour to inform you that the Spanish Government agrees in principle to the establishment, under the direction of the Health Committee, of an Epidemiological Bureau on the West Coast of Africa, similar to that already established at Singapore, for the use of nations having interests on this coast. The Spanish Government reserves the right to notify its final acceptance until it has received detailed information relating to the proposed organisation.

The Spanish Government considers that the most suitable seat for this Epidemiological Bureau would be Monrovia. In the first place, the capital of Liberia is centrally situated on the Equatorial Coast of Africa—, a situation which facilitates the centralisation of all medical intelligence which it will be the duty of the office to collect; and, further, Liberia is the only territory in this part of Africa which is not a colony; it is therefore in a more favourable position than any other territory.

(Signed) Director of the Department
ad interim.

C. H. 509 (*a*).

REPLY FROM THE FRENCH GOVERNMENT.

Translation.] Paris, October 4th, 1926.

In reply to your letter of September 15th, 1926, I have the honour to forward a copy (see Appendix) of a letter addressed by the Minister for the Colonies (Inspector-General of the Health Service) to the Minister for Foreign Affairs concerning the establishment of a Sanitary Bureau for the countries on the West Coast of Africa.

This letter explains reasons for the establishment of this Sanitary Bureau and for the selection of Dakar as its seat.

The arguments put forward in this letter appear to me to have lost nothing of their force.

I. It is not desirable to delay the creation of a Bureau for West Africa.

It is now some time since the St. Paul de Loanda Congress drew attention to the permanent menace created by the health conditions in the countries of West Africa and the suspicions and the ill-considered measures to which they frequently gave rise.

From that time, the *immediate* necessity has been apparent for establishing a Bureau for West Africa for the purpose of centralising, co-ordinating and distributing health information, and for taking all steps likely to restore confidence, improve the public health and promote economic intercourse by a closer co-operation between the experts in these matters.

II. The creation of a Pan-African Bureau to deal with African epidemiology as a whole would not seem well adapted to fulfil the purpose in view.

The whole of East Africa bordering upon the Indian Ocean is rather within the sphere of the Singapore Bureau; North Africa (Algeria, Tunis, Morocco), bordering upon the Mediterranean, naturally belongs to the Mediterranean epidemiological system.

The West Coast of Africa thus forms a special unit needing its own organisation, and the natural centre for this organisation is Dakar.

(Signed) AUDIBERT,
The Inspector-General
of the Colonial Health Service.

Appendix.

The Minister for the Colonies to the Minister for Foreign Affairs Department of Political and Commercial Affairs, French League of Nations Department.

Translation.] Paris, January 19th, 1926.

I have the honour to acknowledge receipt of your letter No. 13 dated January 7th, 1926, concerning the proposed establishment of a Sanitary Bureau for the countries on the West Coast of Africa.

I agree entirely with the suggestions made by the Secretary-General of the League of Nations.

I will request M. Carde, the Governor-General, in consultation with his technical adviser, the Inspector-General of Medical Services, Dr. Lasnet, to study the proposals of the Health Committee of the League of Nations and to submit his preliminary conclusions to the Conference to be held on the termination of the interchange of health officers.

* * *

I have consulted my technical advisers, and I consider, in the first place, that the establishment of a Sanitary Bureau for countries situated on the West Coast of Africa would be of great value.

In Africa, there exist permanent centres where serious endemo-epidemic diseases are more or less latent and liable to break out at any time. This constant threat is a great obstacle to intercourse both on land and sea between adjoining countries. It puts all the countries of West Africa from Morocco to Angola in a perpetual state of alarm and mutual suspicion, and, since the International Sanitary Convention of January 17th, 1912, does not appear to them to contain sufficient safeguards they take measures which are often excessive or unjustified and which are a great hindrance to their commercial relations and their economic development.

For these reasons, it would seem of advantage to establish a Sanitary Bureau suitably placed for the centralisation of information, the duties of which would be:

1. To collect, in the quickest way, accurate health intelligence concerning endemo-epidemic diseases liable to be transmitted from one country to another by land or sea; to co-ordinate this information and forward it to the other sanitary administrations concerned.
2. To strengthen the bonds of solidarity in health matters and open up the way for real co-operation between adjoining countries by urging them to enter into special agreements suitable to their geographical situation, needs and organisation.
3. To develop the relations between health authorities by organising interchanges and promoting meetings for the discussion of health problems relating to the countries of Africa and requiring general preventive measures.

If the League of Nations accepts the principle of the establishment of a Sanitary Bureau for the countries on the West Coast of Africa, I consider that Dakar would be, without any question, the most suitable place for such a Bureau.

This choice would be justified by the extent and importance of the French possessions in Africa and the fact that seven French colonies, stretching from Senegal to Nigeria and Chad, are, so far as health matters are concerned, under the single authority of the Inspector-General of Health Services of French West Africa, who also exercises a certain supervision over the four colonies of French Equatorial Africa from Gaboon to Chad.

Moreover, Dakar enjoys an exceptional geographical situation and possesses, for relations of all kinds, advantages which will not be found to the same extent in any other place; it is connected directly by submarine cable with Europe, both North and South America and the whole African coast; it possesses a powerful wireless station; its system of land telegraphs, supplementing the coastal cable and acting as a substitute for this in case of interruptions, puts it in communication with all the capitals of the French and foreign colonies from Nigeria to Chad; its port is normally served by a large number of French and foreign steamboat lines, and lines which do not use this port pass within sight of Cape Verde; it is therefore most easy, in cases of emergency, to communicate by wireless with a steamer which could call at Dakar without entailing any serious deviation from its course.

Communication, by rail as far as Kulikoro and thence by motor, can be maintained during eight months of the year with any place in the French or foreign possessions from the Ivory Coast to the Shari. Further, the air services at Dakar and Bamako, which are gradually being developed, would supply a rapid means of transport for the members of the Bureau, if not to every place, at least to many points near to places where they would have to conduct their investigations.

Should Dakar be finally selected, there is no doubt that the Governor-General of French West Africa, who has always given the greatest attention to health questions, would endeavour in every way to assist the establishment of this Bureau and to keep down the expenditure entailed by it for the League of Nations.

Moreover, there is no doubt that he would give every facility to this Bureau to use as correspondents the medical stations in Central Africa, such as Niamey (a place which must be passed on all roads leading to the East) or Zinder (an important watering-station on the roads leading from the north towards Kano), which are therefore placed for this purpose in an exceptionally favourable position for supervising migration and the movements of all caravans in districts likely to spread epidemic meningitis or relapsing fever.

(Signed) PERRIER.

C. H. 509.

REPLIES FROM THE BRITISH GOVERNMENT.

I.

London, July 17th, 1926.

With reference to the letter from the Foreign Office of February 1st, I am directed by Secretary Sir Austen Chamberlain to inform you that the Governments of the British colonies in

West Africa have considered the proposal for the establishment of a Sanitary and Epidemiological Bureau on the West Coast of Africa and that they have reached the conclusion that they are unable to support the scheme.

II.

London, September 2nd, 1926.

With reference to the letter from this department of July 17th, I am directed by Secretary Sir Austen Chamberlain to state that it may be of interest to the Health Committee of the League to know that the Governments of the British West African Colonies based their decision not to support the proposal to establish a Sanitary and Epidemiological Bureau on the West Coast of Africa on three grounds: (1) that the existing arrangements for the interchange of information on health matters were sufficient; (2) that the expense involved would not be justified by the results; and (3) that, if the present direct method of notification were abandoned and all notifications sent only to the Bureau for distribution, unnecessary delay would be caused.

C. H. 509.

Reply from the Portuguese Government.

[*Translation.*] Lisbon, September 13th, 1926.

I have the honour to inform you that the Portuguese Government agrees, in principle, to the establishment of this Sanitary and Epidemiological Bureau, in view of the gravity and the prevalence of endemic and epidemic diseases in the countries on the West Coast of Africa and the danger arising therefrom. In the opinion of our Colonial Administrations, this Bureau should be of the greatest value in the preventive campaign against these diseases which are generally prevalent on this coast; by instituting an enquiry, leading ultimately to the adoption of hygienic and prophylactic measures to combat the spread of these diseases, it would do much to promote the welfare of these people. The efficacy of the measures taken will be increased by closer sanitary co-operation between the different territories and by the more or less prompt interchange of statistics and information concerning sanitary conditions in the different districts.

There is therefore every advantage in establishing this Epidemiological Information Bureau— whose duties would be similar to those of the Far East Health Bureau — in a place having good telegraphic communications. In the opinion of the Portuguese Government, Dakar might be selected as fulfilling the above-mentioned conditions.

As to participation in the working expenses and representation on the Bureau, Portugal reserves its decision until the proposal for the establishment of the Bureau has been approved by the League of Nations.

(Signed) Antonio da Costa Cabral,
Head of the Secretariat.

ANNEX 112.

C. H. 505.

AN INTERIM REPORT ON THE WORK OF THE SLEEPING-SICKNESS COMMISSION.

It will be recalled that at the International Conference held in London in May 1925 it was decided that the Commission should present a special report to the League of Nations Expert Committee on the expiry of twelve months from the beginning of its work. As it would then be too late to take any decision as to the continuation of the work of the Commission, should such a course prove desirable, it is necessary at the present time to take stock of the situation, though it is not possible at this stage to estimate with any approach to certainty the progress that will have been made by the Commission at the end of its first year's work. Moreover, it is hardly permissible to forecast the results of experimental investigations actually being carried out.

The four main questions referred to the Commission were concerned with:

1. The existence of human immunity against trypanosomiasis, the nature of such immunity and the factors which determine it.
2. The function of wild and domestic animals as breeding grounds for the virus.
3. Relations between *Trypanosomiasis gambiensis* and *Trypanosomiasis rhodesiensis*.
4. The testing of the blood in the alimentary canal of the tsetse fly by the precipitin reaction.

Practically all the work which the Commission is undertaking is directly concerned with one or other of these problems, though several interesting and promising side-lines are also being followed.

The study of human immunity to trypanosomes is obviously impossible by direct experiment and has to be undertaken by epidemiological investigation of a most comprehensive kind in infected areas. Such epidemiological studies have been entrusted to Dr. Van Hoof (the Belgian member of the Commission) and Dr. Kleine (the German member), the former of whom has been working hitherto in Budama, Uganda, the latter in Kavirondo. Both these are gambiense-infected areas. In these epidemiological enquiries the existence of other than human hosts of the virus is also being studied.

Dr. Kleine is now leaving for Musoma in the Mwanga rhodesiense-infected area, and Dr. Van Hoof is at headquarters, preparatory to departure for the Semiliki infected area in the Congo.

Dr. Duke expresses himself as well satisfied with the progress made in these epidemiological enquiries and he states that it is highly desirable that Dr. Van Hoof should continue such studies in association with his present colleagues until several different areas have been examined where the disease can be studied in its endemic and epidemic forms. At the laboratory at Entebbe, a careful morphological study is being made of the strains of trypanosomes sent in from the field. Very interesting results are expected from this part of the enquiry.

The scope and limitations of the precipitin test in determining the food supply of wild tsetse has been found difficult and complicated. The digestion of blood is rapid and it is hard to obtain a specific reaction with the products of digestion as commonly found in wild tsetse. The enquiry is still progressing, however.

Hitherto, chief attention has been given to *T. gambiensis*, though Dr. Lavier (the French member of the Commission) has been studying the morphology of a strain of *T. rhodesiensis* obtained from the Mwanga area. As stated above, *T. rhodesiensis* is about to be studied by Dr. Kleine and by the rest of the Commission at a later date as suitable occasion arises. The knowledge now being acquired from the concentrated study of *T. gambiensis* will be of the greatest assistance when special attention is directed to *T. rhodesiensis*.

In connection with the epidemiological studies being carried out by Dr. Van Hoof and Dr. Kleine, a certain amount of interesting therapeutic work is also being done.

With regard to the laboratory studies now being undertaken, special reference may be made to:

1. A comparative morphological study of human trypanosomes, with special reference to the determination of the resistant and transmissible forms of the parasite;
2. Attempts to infect baboons by reducing their resistance by chemical and biological agents.

These enquiries have been entrusted to Dr. Lavier.

3. The preparation of precipitin sera, using as antigen:

   (*a*) Fresh blood,
   (*b*) Products of digestion of blood obtained from the fly's intestine.

This work is being done by Dr. Prates (the Portuguese member of the Commission).

4. Transmission experiments; effects of direct transmission: transmission of arsenic-fast strains; transmission of human strains and the investigation of " infectivity " of natives suffering from trypanosomiasis; the effect of Bayer 205 on tsetse trypanosomes.

This latter work is being carried out by Dr. Duke himself, with the assistance of Dr. Prates.

From the above short summary, it will be appreciated that the four large questions referred to the Commission have necessitated a great number of important enquiries. Dr. Duke expresses the opinion that a period of eighteen months or, in other words, an extension of the present twelve months' enquiry for a further period of six months, will enable definite conclusions to be drawn about many of the points set forth in the Commission's detailed programme of work.

ANNEX 113.

C.H.516.

WORK OF THE INTERNATIONAL COMMISSION ON SLEEPING-SICKNESS.

LETTER FROM THE FRENCH MINISTER FOR FOREIGN AFFAIRS TO THE SECRETARY-GENERAL.

Translation.

Paris, October 8th, 1926.

In reply to your letter of September 13th last concerning the International Commission on Sleeping-Sickness, I have the honour to inform you that the French Government sees every advantage in the proposal to prolong the work of this Commission.

The important enquiries undertaken and its future conclusions will certainly suggest to the Ministry for the Colonies effective methods to be applied in the campaign against sleeping-sickness in the Cameroons and in French Equatorial Africa.

C. H. 503.

ANNEX 114.

NOTE ON THE WORK OF THE SMALLPOX AND VACCINATION COMMISSION.

I. It will be remembered that the Smallpox and Vaccination Commission, at its meeting at The Hague in January 1926, recommended that the attention of public health administrations should be drawn to the occurrence in certain countries of cases of post-vaccinal encephalitis, and that they should be requested to furnish the Health Section with detailed reports of any similar cases observed in the future.

The following replies have so far (September 15th) been received to the circular letter which was accordingly sent out:

The health administration of *Albania* stated that, although 45,000 vaccinations had been performed during 1925, no case of encephalitis had been observed, but that the investigation would be continued throughout the year.

The public health administrations of *Australia, Bulgaria, Czechoslovakia* and *Greece* stated that an enquiry would be undertaken, the results of which would be communicated in due course.

The health administration of *Costa Rica* stated that no case of post-vaccinal encephalitis had occurred. The single case of encephalitis observed in 1925 had been unconnected with vaccination.

The *Canadian* Department of Health stated that no connection had been observed between vaccination and encephalitis.

The health service of *Luxemburg* stated that no case of the kind had been observed.

The *New Zealand* Department of Health stated that no case of post-vaccinal encephalitis had come to light. During recent months, however, a case of encephalitis had followed on chicken-pox, the disease developing during the third week of the attack.

The health administration of *Panama* stated that, although a large number of vaccinations had been carried out, no case of post-vaccinal encephalitis had been observed, but that the physicians concerned had been informed.

The Director of Public Health of *Peru* stated that the institutes concerned had been informed and that their replies would be transmitted at a later date.

The health administration of *Siam* stated that no case of post-vaccinal encephalitis had occurred; an enquiry had been started, however, the results of which would be communicated in due course.

The health administration of *Venezuela* stated that no case of encephalitis had been observed, either connected or unconnected with vaccination.

II. It was further decided that a study should be made of the methods employed in Government institutes and others under Government control in the preparation, examination, distribution and employment of vaccine lymph; a questionnaire was accordingly drawn up by the Conference, a copy of which was forwarded to all public health administrations.

Answers to this questionnaire have now (September 15th) been received from:

Australia	Great Britain
Bulgaria	Hungary
Canada	Irish Free State
Czechoslovakia	Luxemburg
Esthonia	Siam.

The methods applied by the lymph establishments of these countries in the vaccination of animals, preparation, collection and distribution of lymph are in general conformity. A detailed report on these methods, as well as on potency and bacteriological tests used in the different countries, will be presented in due course.

III. Finally, it was decided to undertake a comparative investigation of various laboratory methods at present in use to estimate the potency of vaccine lymph. The methods to be compared in the various institutes of England, France, Germany and Switzerland are those of Calmette and Guérin, Gins, Groth and Sobernheim. The investigators have been supplied with samples of strains prepared by Dr. Guérin and Dr. Blaxall and by Professor Gins and Professor Sobernheim. The results obtained by the use of these methods have now been reported upon by Professor Gins, Dr. Guérin and Professor Sobernheim; a comprehensive report will be issued shortly.

C. H. 507 (1).

ANNEX 115.

REPORT ON THE CONFERENCE OF HEALTH EXPERTS ON INFANT WELFARE,

HELD AT GENEVA ON SEPTEMBER 27TH, 28TH AND 29TH, 1926, AS APPROVED BY THE HEALTH COMMITTEE OF THE LEAGUE OF NATIONS ON OCTOBER 18TH, 1926.

During its sixth session, the Health Committee adopted a resolution of which the following is an extract:

> " The Health Committee . . . decides . . . to empower the Medical Director to invite a limited number of experts or public health administrations to suggest, after study of the question, the directions which the Health Organisation of the League could most usefully follow in making international enquiries, in conformity with the resolution adopted by the sixth ordinary session of the Assembly. "

Accordingly, a Conference of Child Welfare Health Experts met at Geneva on September 27th, 28th and 29th. The following agenda was adopted:

1. Possibilities of a comparative enquiry into infant mortality in different regions of Europe (or other parts of the world) with high and low infant mortality rates — with special reference to the underlying causes, such as social and hygienic conditions, housing, nutrition and child welfare activity.
2. Possibilities of an enquiry into the incidence of rickets, anæmia, tetany and scurvy in children up to two years of age in different countries, with special regard to the nutrition problem.
3. Unification of the registration of infant deaths.
4. The possibility of facilitating climatic treatment for children of foreign countries Measures required in the interest of the children and of the country which receives them.
5. Instruction in infant welfare of medical students and other persons concerned.
6. The value of preventive immunisation against infectious diseases of children (diphtheria, scarlet fever, measles, chickenpox, whooping-cough and tuberculosis).

The Conference was able to reach agreement and to adopt recommendations on all the subjects presented for its consideration and its views are expressed in a series of resolutions which accompany this report.

1. — The Conference considered the advisability of recommending to the Health Committee a study of preventive immunisation against diphtheria, scarlet fever, measles, chickenpox, whooping-cough and tuberculosis. After detailed discussion, it was decided that the protection of children against diphtheria, scarlet fever and measles by preventive immunisation could not be studied as a whole but should be separately considered. In view of the value of the results obtained by the use of active immunisation against diphtheria in certain countries and the fact that such immunisation had been practised on a large scale, it was decided to recommend that a report on this subject should be secured and a study be made of the procedure adopted in those countries where a large amount of work had been carried on. The Conference was of the opinion that from the results of such a study it might be possible to draw conclusions as to the general practicability of this method of prevention.

2. — The Conference recommended a similar study in the case of immunisation against measles and considered that account should be taken of the experience of those countries where successful results had been obtained as well as of those countries in which difficulties had been encountered.

3. — The results of immunisation against scarlet fever should be studied, the Conference thought, in the United States of America and certain European countries where experience on a large scale had been acquired. The Conference also pointed to the utility of including in the scope of the study a detailed description of the methods employed and of the opinions formed as to its value.

The Conference did not consider it opportune to recommend a study of immunisation against chickenpox or tuberculosis. In the case of tuberculosis, it was thought that this subject was not ripe for study by this group.

In so far as whooping-cough is concerned, consideration was given to the work in Denmark, where the prevention of this disease had been studied for some years, and it was thought that the President of the Health Committee might wish to describe this work to the members of the Health Committee.

4. — The Conference regarded the knowledge of the practice in different countries with regard to the instruction in child hygiene given to medical students, midwives and public health nurses as a necessary element for the preparation of its general report to the Health Committee, and therefore it recommended that its members be invited to prepare reports on this subject for their respective countries.

5. — The Conference examined with great interest the proposals made by Professors Gini and Rott in regard to the unification of registration of infant deaths and also a proposal by

Professor Rott that a further effort be made to secure the universal adoption of the definition of " dead birth " as already recommended by the Health Committee to the various Governments. The Conference decided to draw the particular attention of the Committee to the importance of the proposals made by Professors Rott and Gini and to suggest that the Health Committee might wish to refer these proposals to its expert statistical committee at an early date for study and advice.

6. — The Conference recognised that the possibilities of a comparative enquiry into infant mortality in different regions of Europe, etc., was one of the most important matters submitted for its consideration. It is a question which intimately affects all countries, in most of which much research and investigation have already taken place. Extensive statistical enquiries have been and are now being made, and therefore, instead of proposing further similar investigations, it considered that a medical and clinical enquiry would have greater immediate practical value.

It was agreed that, in the countries represented at the Conference, areas should be selected which would include two urban and two rural districts, one of these in each case having high and the other low infant mortality rates. In view of the high death rate during the first week of life, it was suggested that, although the enquiry would cover a period of one year, special attention should be paid to mortality during this period. Further, although the general lines of such an enquiry can be laid down at a Conference, it is impossible to decide upon all details necessary to secure uniformity of method without some practical experience of their value and suitability. Therefore, it was agreed that there should be a preliminary investigation during a period of three months, the results of which would enable the Conference to make definite recommendations as to the precise methods to be employed.

The general conditions which are suggested for the preliminary enquiry are as follows:

(I) The investigation should refer to the year 1924, but statistics for the period 1921 to 1925 may be utilised for the purpose of selecting suitable areas.

(II) The age of the children should be 0—1 year, the subdivisions being:

0 — 1 week,
1 week — 1 month,
1 month — 12 months.

(III) The enquiry should consider only the most important causes of infant mortality, namely:

Premature birth,
Injury during birth and congenital defect,
Deaths ascribed to debility,
Respiratory diseases,
Enteric diseases,
Infectious diseases (including tuberculosis and syphilis).

(IV) The enquiry should relate to the pathological, social and hygienic factors which influence infant mortality.

(V) The enquiry should take equal cognisance of official mortality statistics and of the actual experience gained by general practitioners, hospitals and public and private health agencies.

(VI) The data collected may usefully be supplemented by any conclusions which may be of practical importance and thus of value in subsequent enquiry.

As a result of the information gained through an enquiry relating to the year 1924, the Conference believes that it would be of great interest to arrange for a current study of infant mortality, conducted on similar lines, commencing on January 1st, 1927, and giving the results of one year's study.

7. — In view of the fact that in certain countries it might be difficult to select the areas for study, on the basis of data at present available, the Conference recommended that in such countries a general preliminary investigation, statistical in nature and relating to the whole country, might be advisable.

8. — With regard to the possibility of undertaking a comparative study into the prevalence of rickets, tetany and scurvy among children in different countries, the Conference does not feel justified in advising the Health Committee to undertake a special international investigation, but it considers that the Health Organisation of the League of Nations would be rendering a most useful service if it could take steps to establish relationship between certain important investigations now being carried on in different countries, notably with regard to the causation and prevention of rickets, and certain problems of nutrition.

9. — From the information before the Conference it appears that the question of affording facilities for the sojourn of foreign children in health resorts of various countries, where climatic and other conditions are more favourable than those enjoyed in the country of origin, is one that interests a certain number of European countries. The Conference had no specific recommendations to make regarding this matter, but should any health administration ask for the advice and

co-operation of the Health Committee in making the necessary arrangements, the Conference is prepared to act in an advisory capacity. In making this offer, it is influenced by the facts that medical indications call for careful consideration and that certain of its members have a practical experience of this matter.

10. — In discussing the general programme of its work, the Conference came to the conclusion that, should its recommendations be adopted by the Health Committee, special investigations would be necessary and an international interchange of documentation and information on the subjects studied might be of great value, and therefore suggests that the Health Committee might reserve some of the credits at its disposal for individual missions, study tours and any studies which it would be desirable to undertake in order to give effect to the recommendations of the Conference.

11. — Finally, in submitting the following resolutions for the consideration of the Health Committee, the members of the Conference desire to state that, in their view, the problems relating to infant mortality and to immunisation are of special importance at the present time, and for this reason they have suggested that any action which may be taken as a result of their recommendations should be directed in the first place to further investigations of these questions.

Resolutions.

I.

The Conference:

In view of the successful results of active immunisation against diphtheria reported from several countries, recommends to the Health Committee that a study be made of the methods adopted and the results obtained in those countries which already possess considerable experience of such immunisation; and believes that this study would enable practical conclusions to be drawn regarding the conditions of the applicability of this method.

II.

The Conference:

Recommends that a similar study be made of the work that has already been done in several countries with regard to immunisation against measles, paying attention to the experiences of those countries in which favourable results have been obtained as well as of those in which difficulties in practical application have been encountered.

III.

The Conference:

Considers that, with regard to active immunisation against scarlet fever, it would be of great interest to collect information concerning the results obtained in the United States of America and in certain European countries where the method has recently been employed on a large scale, with a detailed description of the method employed and the opinions formed as to its value.

IV.

The Conference:

Suggests that, in the event of its recommendations being adopted by the Health Committee, credits may be reserved in the budget of the Health Organisation of the League for individual missions, study tours and any investigations which may be necessary for the preparation of the reports.

V.

The Conference:

Considers that the instruction in child hygiene given to medical students, nurses, midwives and public health nurses is of extreme importance in regard to measures for the promotion of health and the prevention of disease among children. It regards a knowledge of the practice in different countries with regard to this matter as a necessary element for the preparation of its general report to the Health Committee and recommends that, as a first step, the members of the Conference be invited to present reports within six months on the teaching given in their respective countries.

VI.

The Conference:

Having considered the information placed before it by its members, and the resolution of the Health Committee dealing with the comparative enquiry into infant mortality rates, is of opinion that, in view of the large amount of literature existing in different countries, it is necessary to restrict the scope of the enquiry to certain well-defined problems which can best be elucidated by international study;

Recommends that members of the Conference be invited to prepare memoranda based on studies to be carried out in their own countries. It is suggested that these investigations should comprise the study of infant mortality in selected areas having high and low rates of infant mortality respectively but in which other factors, notably the birth rate, are relatively comparable.

If possible, both urban and rural areas should be considered.

It is understood that the enquiry will not relate so much to matters of pure statistics as to medical and public health questions studied with such expert statistical aid as may on occasion be required.

It is hoped that the results of this preliminary enquiry will be available at the end of three months, when the investigators will be in a position to make further and more detailed proposals based on the comparison of their results.

In view of the fact that in certain countries it might be difficult to select the areas for study, on the basis of data at present available, the Conference recommends that in such countries a general preliminary investigation, statistical in nature and relating to the whole country, might be advisable.

VII.

The Conference:

Having considered the unification of registration of infant deaths, recommends to the Health Committee that a further effort be made to secure the universal adoption of its definition of "dead birth" and that the proposals of Professor Gini and Professor Rott be referred at an early date to the Health Committee's expert statistical committee for study and advice.

Dame Janet CAMPBELL (Great Britain).
Dr. Taliaferro CLARK (U. S. A.).
Professor A. COLLETT (Norway).
Professor R. DEBRÉ (France).
Professor C. GINI (Italy).
Professor E. GORTER (Netherlands).
Professor C. PIRQUET (Austria).
Professor F. ROTT (Germany).

C. H. 517.

ANNEX 116.

REPORT OF THE PERMANENT STANDARDS COMMISSION

(Geneva, October 11th-13th, 1926.)

1. **Anti-Diphtheritic Serum.** — Dr. Madsen pointed out that, in accordance with the resolution adopted at the Paris Conference of 1922, he had carried out tests with standard sera from London, Frankfort, Copenhagen and Washington, the last tests being made in September 1926, and had found these standard sera to be identical in titre.

2. **Anti-Tetanic Serum.** — A proposal was presented to the Commission by the Conference of Laboratories, which have participated since 1922 in the studies carried on to establish an international unit of anti-tetanic serum. On the recommendation of the Conference it was decided to define the new international unit as follows:

> "The unit is to be determined with a standard serum in such a way that its relation to the American unit is exactly 2 international to 1 American unit.
>
> "This resolution is the consequence of the proposals made to the Second International Serological Conference of 1922 by Professors Louis Martin and W. Kolle, and of the investigations carried out in the several laboratories since that date."

Dr. McCoy, Director of the Hygienic Laboratory at Washington, declared he had no authority to approve the new unit for the United States of America, but he could see no objection to American producers of anti-tetanic serum for export indicating on the labels the content of serum in terms of the new unit, as well as of the American unit.

The different institutes represented at the Conference will establish a standard conforming to the definition of the new international unit. In order to ensure that the sera used as standards by the different States have identical titre, the State Serum Institute of Denmark, which for this purpose acts as a central laboratory for the Health Committee of the League of Nations, will arrange for comparative studies of such sera to be carried out every year and will receive periodically samples of sera in order to carry out experimentally comparisons with such

sera. The Commission took note of the fact that the Institute of Experimental Therapy of Frankfort-on-Main, after having prepared a standard serum, will continue to furnish this serum to all Institutes which make the request.

3. **Anti-Dysenteric Serum.** — The conference of Directors of Institutes who have participated in the study of anti-dysenteric serum, namely Professors Louis MARTIN, T. MADSEN, KOLLE, HIRSZFELD, DOERR and Doctors TSURUMI, O'BRIEN, DUMAS and DOUGLAS, made a proposal with regard to the continuation of the experiments which had been undertaken as a result of the work of the Committee for the study of anti-dysenteric serum. The Commission adopted the resolution, which was presented in the following terms:

> " The method of assay for anti-dysenteric serum proposed by the State Serum Institute at Copenhagen, on the basis of the work carried out by the Committee for Investigation of Anti-Dysenteric Serum (President, Professor Shiga), constitutes a real advance on former methods.
>
> " It is desirable to continue the trials by taking as standard the serum of the Copenhagen Institute. The Copenhagen Institute will send to each laboratory, every two months for a year, the standard serum, with an exact indication of the method of using this provisional unit.
>
> " The laboratories concerned will send, every two months for a year, to Copenhagen, anti-dysenteric serum exactly assayed according to this method, with a view to confirmation of the results obtained.
>
> " If all the results are in agreement, it will be possible to adopt a definitive international unit, in terms of the standard serum of Copenhagen. Only then will it be possible to make a clinical investigation of the therapeutic potency of sera of different origins."

The Commission decided to outline for all the Institutes participating in this study a definite technique for the use of the provisional unit which was adopted and for the studies which will be continued during the year 1927 (see Appendix 1).

4. Anti-Meningococcie Serum. — The Commission is not in a position to recommend new studies on the standardisation of anti-meningococcus serum, since no new fact has come to light since the last International Serological Conferenie of 1922, which decided that none of the methods then in use could be recognised by all the experts as being certain enough to be utilised for the purpose of establishing a precise measure of the anti-body content or of the therapeutic value.

The identification of anti-meningococcic sera may be carried out by the determination of their content of specific anti-bodies by the method of complement-fixation or by the method of agglutination.

5. Anti-Pneumococcic Serum. — The problem of the standardisation of anti-pneumococcic serum has not yet reached a stage which permits the adoption of recommendations from the international point of view. The Commission does not desire to propose new studies, since no new observations have been added to those which are included in the report of the Second International Serological Conference held in 1922.

6. Scarlet Fever. — The Commission, after a discussion on the new specific methods for the diagnosis, treatment and immunisation of scarlet fever, and recognising, on the one hand, the importance of the problem and, on the other, the difficulty entailed in an attempt to make definite recommendations at the present time, decided to entrust to the American, British and Polish Institutes, in collaboration with the Copenhagen Institute, the study of these methods and requests its members to present a report at a subsequent session.

7. Tuberculin. — The Commission, having heard the communication of Dr. Tsurumi concerning the work of Professor Calmette, decides to initiate a comparison between the existing standards (Frankfort, Japan, Paris) for human and bovine tuberculin.

8. Dr. Madsen commented briefly on the present investigations of the tests for syphilis and on the work of the Smallpox and Vaccination Commission with regard to the standardisation of vaccine lymph.

9. Dr. Dale presented a short note on the progress made in the international standardisation of therapeutic substances by biological methods (Appendix 2).

10. Professor Kolle extended an invitation to the Commission to hold its next session at Frankfort.

Members present:

Permanent Standardisation Commission.

Professor MADSEN (President).
» DALE.
» KOLLE.
» Louis MARTIN.
Dr. MCCOY.

Tetanus Conference.

Professor Louis MARTIN.
» KOLLE.
» MADSEN.
Dr. MCCOY.
» TSURUMI.

Dysentery Conference.

Professor KOLLE.
» DOERR.
Dr. DOUGLAS.
» DUMAS.
Professor HIRSZFELD.
» Louis MARTIN.
» MADSEN.
Dr. O'BRIEN.
» TSURUMI.

Appendix 1.

The participating institutes will receive an ampoule containing 1 per cent solution of the dysentery standard serum (Copenhagen) in glycerinated saline (two-thirds glycerin, one-third normal saline), and one ampoule of standard toxin.

Of this toxin, an emulsion is made as follows:

The requisite amount of toxin is weighed out and added to the proper quantity of saline, some glass beads are poured in, and the bottle vigorously shaken until a homogeneous suspension is formed with no visible particles. After 45 minutes at 37° C. the emulsion is shaken again and, if necessary, may be kept in the ice-box until the following day. Before the testing, the shaking is repeated.

After the toxin ampoule has been once opened, it should be kept in a desiccator with phosphoric acid anhydrid.

After the mixtures of serum and toxin are made, the small tubes containing them are well shaken, kept for 45 minutes at 37° C. and again shaken before injection.

Doses of 0.5 c.c. each are injected into the tail veins of mice (15 to 20 gr.). The animals are to be kept under observation for seven days. Mice dying within 18 hours should not be included in the results but should be indicated in the report.

Example:

Ten doses of the toxin-antitoxin mixture (5 c.c.) is made.
Test dose of toxin: 0.33 mg.

(1) An emulsion of the test toxin is made so that 0.33 mg. is contained in 0.1 c.c.

(2)

	1 dose	10 doses
Serum	0.02 c.c.	0.2 c.c.
Toxin	0.1 c.c.	1 c.c.
Salin		3.8 c.c.
		5 c.c.

Of this, 0.5 c.c. is injected intravenously.

Six mice shall be used on each occasion that the serum is tested. The results may be recorded in tables similar to the sample attached.

SERUM Date of Titration.

Toxin :

Injection Volume 0.5 c.c.

Serum dosis	Number of living	Number of dead	Per cent living	Date of death							
				S <18T	1st day	2nd day	3rd day	4th day	5th day	6th day	7th day

Dosis neutralisata.
„ non-neutralisata.

Appendix 2.

NOTE TO THE PERMANENT STANDARDS COMMISSION ON PROGRESS MADE WITH THE INTERNATIONAL STANDARDISATION OF THERAPEUTIC SUBSTANCES BY BIOLOGICAL METHODS, PRESENTED BY DR. DALE.

Since the issue of the report of the Conference which met at Geneva in September 1925, progress has been made in the following directions.

1. *Insulin.*

The international standard, adopted by the Conference, has been distributed to the appropriate authorities in a large number of different countries, and its use now may be said to be world-wide, so that a unit of insulin has everywhere the same meaning. An account of the method of preparing the standard, of the international tests on the basis of which its unit value was settled, and the methods in use for determining the value of insulin preparations by comparison with the standard, has been published by the Health Organisation.

2. *Pituitary Substance.*

It was anticipated that no central supply of the standard substance would be required, since trials had shown that different makers, following the same routine in different laboratories and countries, could produce samples of indistinguishable activity. Nevertheless, applications have been made from different countries for samples of a central standard, and I have now obtained a quantity of some 50 grammes of the posterior lobe substance, extracted and dried with great care according to the U.S.P. method, and shall be able to meet requests of this kind.

3. *Digitalis, etc.*

The work on the three samples of digitalis powders, distributed for independent essay in different centres, is now practically complete. The results show that the different biological methods available (frog, cat, etc.) give results sufficiently concordant with one another, and with the clinical trials carried out with the same three digitalis powders, to justify the conclusion that the biological methods in use give a true and practical measure of the potency of these preparations. The preparation of the standard digitalis powder by Professor Magnus is now completed, and it is now being packed for distribution. A report showing the applicability of the same methods to strephanthus preparations, with g. strophanthin as a standard, has been received from Dr. Burn and Dr. Trevan.

4. *Salvarsan, etc.*

Samples of one of the standards which Professor Kolle is preparing — that of Neo-salvarsan — have been received and have been distributed for trial and report to several countries. The standard material prepared for the sulpharsenol (sulphars-phenamine) products has been received from Professor Voegtlin and will be distributed similarly for international trial, with the standards for old salvarsan, silver salvarsan, etc., as soon as these are available.

5. *Vitamin A.*

The scheme for comparing a series of cod-liver oils for their content of Vitamin A by the animal test on the one hand and a suggested colour-reaction on the other has been carried out. Professor Poulsson furnished a series of samples of cod-liver oil, and the tests on these by four independent biological experts, and by the colour-reaction, are nearing completion.

ANNEX 117.

REPORT OF THE CANCER COMMISSION.

STATEMENT BY THE CHAIRMAN OF THE COMMISSION.

GENEVA, October 15th, 1926.

The report which the Cancer Commission can submit to the Health Committee at this session is only a statement of progress made and of the position of various enquiries and reports which have just been considered by the Commission and by its Statistical Sub-Committee at sessions which only terminated last night.

The principal matters which have been under consideration by the Cancer Commission and its Statistical Sub-Committee are as follows :

1. Comparative enquiries as to the incidence and prevention of mortality from cancer of the breast and uterus in England, the Netherlands and Italy, the primary investigation entrusted to us.

The principal results of these enquiries have already appeared in printed reports submitted to the Health Committee. There is nothing to add to the demographic investigation relating to all three countries as well as to Switzerland and other regions. As regards what we have termed the "clinical" enquiry, we have some valuable supplementary information.

In the first place, we have had a summary of the work done to date in England on the subject of uterine cancer, work designed to establish a measure of the present position of treatment, operative and radiological, which can prevent mortality from cancer of this organ in its different forms. This is a most important estimation. If, in present knowledge, good midwifery, in the first place, and appropriate treatment of early cancer when it appears, in the next place, are the most effective means of reducing suffering and death from cancer, then we have a very definite need of some estimate of the present position of both these measures, so as to have a basis for comparison in future years when these things are better done than they are now. Nothing is more important, with a disease which causes such great mortality, than to know what we are effecting with the means already at our disposal for reducing it.

Then, in the second place, we have had additional and most valuable contributions from the Dutch and from the Italian groups. The additional clinical and pathological results will be summarised in appendices to the Commission's report, which, if it cannot be in the hands of the Health Committee before the end of the session, will be sent to the members, we trust, in a few weeks. They include an account of the preliminary analysis of a mass of information supplied by Dr. Lutrario as a result of the examination of the questionnaire in Italy — data which are necessary to the Commission in order to fulfil its original task, and which will before long be ready for more complete study and comparison with the Dutch and English data on which you already have reports.

2. Turning now to the enquiries which were based on the question of race predisposition to cancer, I must refer to the position of the investigations with the object of comparing cancer mortality in certain countries of Europe with anthropological differences. At a previous session I explained the purpose of these studies. They have been undertaken by Professor Niceforo and Professor Pittard, each for certain groups of countries in Europe, in consultation with the Statistical Sub-Committee. The results of this considerable work are now in proof, and the Commission has recommended them for publication. The Commission also recommends that steps should be taken to publish later a valuable monograph on cancer mortality in Japan, received from our friend Dr. Kusama.

3. The reliability and significance of statistical data of mortality in relation to cancer have been receiving much attention on different sides. The Cancer Commission and the Statistical Sub-Committee have given much attention to studies on this subject furnished by Dr. Carrière, Dr. Greenwood, Professor Methorst and the Secretariat. Moreover, reports on certain national enquiries and statistics have been received and collated by the Secretariat. The careful consideration which has been given to this mass of data has enabled a selection to be made of certain reports and memoranda on statistical questions, which are ready to be prepared for publication.

Nothing is more easy than to assert that there are so many uncertainties in statistics of cancer mortality that all investigations based on them are futile. Nothing is more easy, again, than to accept a mass of cancer statistics at their face value and to draw facile conclusions which suit one or another preconceived theory of the causes of cancer. The task of our experts has been to examine impartially the probable extent and significance of the errors which arise

from different circumstances. It is new work, and again, I venture to say, work which will be invaluable not only for present purposes but for reference in the future when the progress made has to be judged by comparison with previous years.

* * *

With the completion of the supplementary data, the circulation of the Commission's report on the meetings just concluded, and the issue of the two or three reports which we propose should be printed, the Commission will have reached, in the early months of next year, for example, something like an end to the work which it considers can profitably be done under the programme to which it has been working hitherto. We had hopes at the beginning that the problem of the differences between the three countries in the matter of the mortality from cancer of the breast and uterus would have proved capable of solution. In one sense, it might have been satisfactory to have produced a demonstration that these differences were a mere caprice of death certification, or represented demographical differences, or differences which resulted from better clinical diagnosis and earlier operative treatment in one country as compared with another. If no such explanation is forthcoming, the faithful pursuit of our programme has had its compensations. In pursuing it, we have not merely established a series of negatives, useful and necessary as they are. The positive achievements have been considerable. I have only to mention the establishment of the facts, on a wide basis of observation on all three countries, regarding the amount of mortality from cancer of the breast which can be prevented ; the determination of the mean natural duration of life from untreated cancer ; and the stimulus given by our enquiry to national cancer investigations in several countries.

The Commission, when appointed, was authorised to undertake further enquiries into the epidemiology of cancer as circumstances permitted. We are of opinion that, on the completion of our programme, it will be right and necessary that, with the aid of the expert workers to whom we owe so much, the Commission should give full consideration to the possibilities of a well-defined programme of work in new directions — a programme, it will be understood, which fulfils the requirements of our original programme by the fact that it relates to work which only an international body of authority such as the Health Organisation of the League could get undertaken. In proposing that a further programme should be carefully considered and submitted to the judgment of the Health Committee, we have particularly in mind the fact that the existence of large local regional differences in cancer mortality is an important fact which we have found to be almost a general and universal phenomenon, for which no explanation limited to the causes of any one form of cancer can be adequate. If the Committee agrees, therefore, we would propose to concentrate our attention on the completion of the work still in hand during the next few months and thereafter to submit to you material on which to decide upon the next step to be taken.

ANNEX 118.

C. H. 511.

A SUGGESTED PROGRAMME FOR THE STUDY OF SCHOOL HYGIENE. BY Dr. M. TSURUMI.

At the fifth session of the Health Committee, I had the honour to present a proposal on the study of school hygiene, which was received with sympathetic interest.

However, owing to the pressure of work at the last session of the Committee, I could not find time to present my report.

A memorandum on this subject has been prepared for me by many American authorities, who have stated their willingness to co-operate with us, and to whom I take this opportunity of expressing my appreciation.

I have utilised this memorandum in the preparation of the following suggestions, which I have the honour to present for your consideration.

General Principles.

The aim and object of school hygiene should be not only to maintain health but also to promote it.

The health of school-children is a primary obligation in education, and measures for the promotion of the health of the school-child should be regarded as a public duty.

Such health is to be interpreted in terms not only of physical well-being but also of the child and his whole nature.

In the present enquiry, this principle must be kept in mind and an endeavour made to determine how best to achieve this end.

In my opinion, the enquiry should include the following :

(1) A comparative study of the programmes of school hygiene in different countries and of the results obtained ;

(2) An enquiry on certain special problems related to school hygiene, which I shall discuss later on.

The school health problem, regarded as a whole, is very extensive and complicated. I believe, therefore, it is wise to restrict the preliminary study to general matters and to some specially important questions.

I should also like to propose to limit the present enquiry to the pre-primary (kindergarten) and primary schools, for the sake of facilitating our work.

In my opinion, the school health problem is made up of three elements, that is :

(1) Health education ;

(2) Practice ;

(3) Investigation.

1. *Health Education.*

The essential aim of health education should be the formation of good habits among school-children by teaching personal hygiene and public health.

Since the formation of health habits in the child is largely dependent on impressions acquired at an early age, it is highly desirable that all health teaching, especially in the lower grades, should emphasise the positive aspect, stressing health in terms of beauty, strength and joy.

Believing that health habits must be inculcated at an early age as an integral part of all education, I strongly urge that all the activities of the school day be utilised towards this end.

Since a knowledge of facts is necessary not only for intelligent practice of personal health habits but also as a preparation for civic responsibility in later years, the scientific facts about health should be taught in relation with many other school subjects. This aspect of health education should be emphasised in the upper grades.

It is necessary for national health authorities to formulate minimum essentials with regard to health practices. These will vary with national conditions. Such essentials may well take the form of a simple set of rules which can be readily understood by any normal child.

Effective ideals or healthy living must be established in the minds of all children based on these minimum essentials, and consistent with the best national customs.

The habitual practice of healthy habits, based on the minimum essentials of health practice in accord with national ideals, must be developed systematically.

It seems to me, moreover, indispensable to insert health chapters in the school reading-books.

The realisation of the school-health programme will require teachers who can appreciate this type of education, who have a knowledge of the subject-matter and who possess skill in using effective methods for educating the child along these lines. This will necessitate a distinct type of training for teachers, with emphasis on the development of personal health standards and practices among prospective teachers and the provision of opportunities for actual experience in training children in this field. It is obvious that both teacher and pupil should regard health not as an end in itself but as an important means of making life fuller, happier and richer.

2. *Practice of School Hygiene.*

This implies control of the most effective means of promoting the well-being of the child through medical services, services founded on the best professional standards in any given nations. Realising that this field is still in a pioneer stage of development throughout the world, new standards must be established and new techniques used embodying the results of co-operation between the authorities of different countries.

The activities involved in the practice of school hygiene are so numerous that some discrimination is necessary in order to avoid overtaxing our resources.

I therefore suggest that the Committee restrict the preliminary enquiries to a comparative study of the programmes of school hygiene in various countries and of the results obtained. Attention might be paid to the following fundamentals :

Physical Development.

It is essential to study the physical development of school-children.
This study should include :

(1) Measurement at least quarterly of:

(*a*) Body weight,
(*b*) Height,
(*c*) Thorax.

(2) Relation of age to variations in the physical development ;

(3) Conditions which have an influence on the physical development — for instance : seasons, home environment, etc. ;

(4) Influence of open-air schools, summer colonies, etc.

For the standard of measurement I should like to propose the use of the metric system in order to facilitate comparative studies.

To ensure correctness of statistics, it is also necessary to unify the methods of physical examination as far as possible.

Vital Statistics.

In order to ascertain the health conditions of school-children, vital statistics must not be neglected, and data on the following subjects should be collected :

(1) Relation between the school year and sickness and between season and sickness ;

(2) Mortality of school-children by age and cause ;

(3) Preventive measures and treatment of diseases in schools.

The last item is particularly important from the point of view of the campaign against tuberculosis. As for the other infectious diseases, a beginning might be made by collecting reports from countries where large numbers of children have been immunised against scarlet fever, diphtheria and measles, although the most valuable work in this direction has been directed towards protecting children below school age.

3. *Investigations.*

These should include all measures for the control of school environment in its relation to the healthy development of the child while in school which are intended to secure the best facilities and the best use of such facilities for the development and growth of the child. For instance :

(1) Air conditions ;

(2) Light ;

(3) Freedom of movement ;

(4) Relaxation ;

(5) Balance of work and rest periods ;

(6) Food needs of the child in school ;

(7) Cleanliness.

As regards food needs of the child in school, some attention should be paid to methods of estimating and recording the state of nutrition. Arbitrary statements such as "well nourished", "badly nourished", etc., do not lend themselves to comparative studies. The various standardised tables of weight and height in relation to age, of which the Pirquet and Schick system (1917) is an example, represent an important advance in this direction. It would be of interest to know whether these are of practical value.

I should like to present later a report on my studies of this problem among primary school-children in Manchuria. The problem of abnormal constitutions and their relation to such diseases as tuberculosis is also of considerable interest, and I should like to present some observations on this point at a subsequent session.

I have been delighted to learn of the interest of various delegations to the seventh ordinary session of the Assembly in the subjects of physical education and nutrition. The study of these proposals may well be linked up with the examination of international problems in school hygiene. I therefore have the honour to move the adoption of the following resolution :

"The Health Committee,

"In view of the interest there would be in a study of school hygiene, and the great importance and value of this modern health activity :

"Decides to instruct the Medical Director to collect information for a comparative study of school health programmes and for the study of certain special problems of school hygiene, such as nutrition and recent experience in the prevention of certain infectious diseases, for report to a subsequent session."

ANNEX 119.

C. H. 506.

NOTES ON INFORMATION CONCERNING TRACHOMA COLLECTED FROM VARIOUS COUNTRIES.

BY Dr. ALB. LUTRARIO.

As was stated in the preceding provisional report, the information concerning trachoma collected from the twenty following States : France, Netherlands, Germany, Sweden, Finland, Estonia, Latvia, Poland, Russia, Czechoslovakia, Hungary, Austria, Roumania, Greece, the Kingdom of the Serbs, Croats and Slovenes, Italy, Spain, Japan, Canada, United States of America, varies considerably. Some countries have sent very detailed information, whereas the data sent by others are incomplete, so that it is impossible to establish any comparison between the various countries.

It would therefore be necessary to invite these countries to give supplementary information concerning the following points :

1. *France.*

The existence, distribution and working of dispensaries and consulting-rooms for trachoma cases, either attached to hospitals or clinics or independent ;

The use of visiting nurses ;

The predominant clinical forms (course of the disease, sequelæ and after-effects as regards capacity for work ; approximate number of cases of blindness — total or relative — due to trachoma) ;

The most recent statistical data concerning the number of cases of trachoma observed in the army and navy at the time of conscription or during military service ;

The existence of special schools for trachomatous children and the results obtained in these establishments ;

Special instruction given to doctors — in particular, country doctors — concerning the prompt diagnosis and treatment of the disease ;

The appropriations, if any, provided in the State, departmental or municipal budgets for the anti-trachoma campaign ;

Researches carried out with a view to ascertaining the causes of infection and the best methods of prophylaxis and treatment.

2. *Germany.*

The most recent statistical data concerning the number of cases of trachoma in the army and navy at the time of enrolment or during military service ;

Clinical forms observed (course, sequelæ, and, if possible, indication of cases of blindness — total or relative — due to trachoma) ;

Existence of schools for trachomatous children ; special dispensaries or consulting-rooms ; visiting nurses ;

Instruction of doctors ;

Appropriations in the State or local budgets for the anti-trachoma campaign ;

Special clinics or hospitals, if any ; methods of propaganda, with special reference to trachoma.

Housing and living conditions in so far as they may be factors in the spread of the disease ;

Investigation and research concerning the causes of infection and the best methods of prophylaxis and treatment ; special institutes dealing with these questions.

3. *Sweden.*

Supplementary information concerning localities in which cases of trachoma have been observed, showing the chief causes to which the appearance of the disease may be attributed ;

Inspection, if any, of school-children, and most recent results obtained ;

Any laws, regulations or other provisions concerning the anti-trachoma campaign.

4. *Latvia.*

Compulsory notification of trachoma in isolated cases or in certain determined cases or groups of the population ;

Regular inspection, if any, of school-children, and most recent results obtained ;

Dispensaries or consulting-rooms for trachomatous cases, and their operation ;

Results of any recent statistical enquiries concerning the number of cases of trachoma observed in Latgalia and concerning housing and living conditions which might be factors in the spread of the disease ;

Health propaganda, and, in particular, anti-trachoma propaganda ;

Special laws and regulations concerning trachoma, and appropriations in the budget for the anti-trachoma campaign.

5. *Estonia.*

Compulsory notification of trachoma ;

Special laws and regulations concerning trachoma, and budget appropriations for the anti-trachoma campaign.

6. *Poland.*

Compulsory notification of trachoma in isolated cases or in certain determined cases and groups ;

Existence, distribution and working of dispensaries or consulting-rooms for trachomatous cases annexed to hospitals and clinics or independent ; service, if any, of visiting nurses ;

Predominant clinical forms (course, sequelæ and after-effects as regards capacity for work ; approximate number of cases of blindness — total and relative — due to trachoma) ;

Most recent statistical data concerning the present systematic inspection of children and most recent statistical data concerning cases of trachoma observed in the army at the time of conscription and during military service ;

Special instruction for doctors concerning trachoma ;

Appropriations in State or local budgets for the anti-trachoma campaign ; special laws and regulations concerning the disease ;

Investigations or research regarding the causes of infection and the best methods of prophylaxis and treatment.

7. *Russia.*

Compulsory notification of trachoma in the various territories ;

Existence of dispensaries or consulting-rooms for trachomatous cases attached to hospitals or clinics, or independent, and their working ;

Special clinics or hospitals ;

Inspection of school-children, if any, and most recent results obtained ;

Housing and living conditions in the various districts in so far as they may be factors in the spread of trachoma ;

Predominant clinical forms (course of the disease, sequelæ and after-effects as regards capacity for work ; approximate number of cases of blindness — total or relative — due to trachoma) ;

Most recent statistical data concerning the number of cases of trachoma observed in the army at the time of conscription and during military service ;

Special schools for trachomatous children, and the results obtained in these establishments ;

Special instruction for doctors concerning the prompt diagnosis and treatment of the disease ;

Special laws and regulations concerning the prophylaxis of trachoma, and appropriations in State or local budgets for the anti-trachoma campaign ;

Any investigation and research regarding the causes of infection and the best methods of prophylaxis and treatment.

8. *Czechoslovakia.*

Compulsory declaration of trachoma in isolated cases, as well as in certain determined cases or groups ;

Housing and living conditions in so far as they may be factors in the spread of trachoma ;

Working of the anti-trachoma dispensaries ;

Predominant clinical forms (course, consequences, number of cases of blindness due to trachoma) ;

Most recent statistical data concerning cases of trachoma observed in the army at the time of conscription and during military service ;

Special instruction for doctors and methods of anti-trachoma propaganda ;

Investigations and research regarding causes of infection and the best methods of prophylaxis and treatment ; special institutes dealing with these questions.

9. *Hungary.*

Existence, distribution and working of dispensaries and consulting-rooms for trachomatous cases, attached to hospitals or clinics, or independent ;

Present incidence of trachoma in the country, and predominant clinical forms (course, sequelæ and after-effects as regards capacity for work; approximate number of cases of blindness — total or relative — due to trachoma) ;

Statistical data concerning cases of trachoma observed amongst school-children and in other groups (army, etc.) ;

Appropriations in the State budget for the anti-trachoma campaign ;

Organisation of special courses for doctors (programme, etc.) ;

Investigations and research regarding the causes of infection and the best methods of prophylaxis and treatment.

10. *Austria.*

Compulsory declaration of trachoma in isolated cases or in certain determined cases or groups ;

Present distribution of trachoma in the country, and predominant clinical forms (course, sequelæ and after-effects as regards capacity for work ; approximate number of cases of blindness — total or relative — due to trachoma) ;

Existence, distribution and working of dispensaries and consulting-rooms for trachomatous cases attached to hospitals or clinics, or independent ;

Most recent statistical data concerning causes of trachoma observed in schools or other groups (army, etc.) ;

Appropriations in the State budget for the anti-trachoma campaign ;

Special instruction for doctors concerning the prompt diagnosis and treatment of the disease ;

Investigations or research with a view to ascertaining the ætiology and prophylaxis of the disease.

11. *Roumania and Greece.*

Compulsory notification of trachoma ;

Present incidence of trachoma in the two countries, and predominant clinical forms (course, sequelæ and after-effects as regards capacity for work; approximate number of cases of total or relative blindness due to trachoma) ;

Most recent statistical data concerning cases of trachoma observed in schools and other groups (army, etc.) ;

Local factors (customs, housing and living conditions, etc.) likely to favour the spread of the disease in Roumania and Greece ;

Appropriations in the State or local budgets for the anti-trachoma campaign ;

Laws and regulations concerning the prophylaxis of trachoma ;

Organisation of final courses for doctors and of anti-trachoma propaganda.

12. *Kingdom of the Serbs, Croats and Slovenes.*

Compulsory notification of trachoma ;

Present incidence and distribution of the disease in the country, and the predominant clinical forms, course and sequelæ ;

Working of recently created anti-trachoma stations, showing present number of these establishments, their distribution over the territory, number of cases treated and forms observed, etc. ;

Incidence of trachoma in the various groups (schools, army, etc.) ;

Budget appropriations for the anti-trachoma campaign ;

Recent laws and regulations concerning the prophylaxis of trachoma ;

Organisation of final courses for doctors, methods of propaganda, and local factors (customs, housing and living conditions, etc.) which favour the spread of trachoma.

13. *Spain.*

Compulsory notification of trachoma ;

Working of anti-trachoma dispensaries or stations; their number and distribution throughout the country ;

Most recent statistical data concerning the number of cases of trachoma observed among school-children and in other groups (army, etc.) ;

Local factors (customs, living and housing conditions, etc.) likely to favour the spread of trachoma ;

Appropriations in State budget for the anti-trachoma campaign ;

Recent laws and regulations concerning the prophylaxis of trachoma ;

Special instruction for doctors and forms of anti-trachoma propaganda; research regarding the causes of infection and the best methods of prophylaxis and treatment.

14. *Japan.*

Local factors (customs, living and housing conditions, etc.) likely to favour the spread of trachoma ;

Most recent statistical data concerning cases of trachoma observed among school-children and in other groups (army, etc.) ;

Appropriations, if any, in the State budget for the anti-trachoma campaign ;

Incidence of trachoma in the country, and predominant clinical forms, their course and after-effects ;

Organisation of special courses for doctors and methods adopted for anti-trachoma propaganda ;

Research, if any, regarding the causes of infection and the best methods of prophylaxis and treatment.

15. *Canada.*

Compulsory notification of trachoma ;

Present incidence of trachoma in the country and predominant clinical forms, showing their course and after-effects ;

Local factors likely to favour the spread of the disease ;

Recent laws and regulations concerning trachoma ;

Most recent statistical data concerning the number of cases observed in schools or other groups of the population.

16. *United States of America.*

Compulsory notification of trachoma in the various States ;

Appropriations, if any, in the budgets of the various States for the anti-trachoma campaign ;

Research regarding the causes of trachoma and the best methods of prophylaxis and treatment.

* * *

In *Italy*, as a result of investigations carried out in schools, highly interesting information has been obtained, supplementing that which has already been supplied in the provisional report (C. H. 459). These particulars are at present only to hand for towns which have established a service of school doctors, and for the provinces in Eastern Sicily. The results of the ophthalmic examinations carried out in the schools during the scholastic year 1925-26 show 5.5 per cent of cases of trachoma among 121,479 pupils examined in 203 communes in Eastern Sicily. The health authorities are at present carrying out a special enquiry with a view to ascertaining the actual incidence of the disease.

During recent years the anti-trachoma campaign has been intensified in the provinces where it is most prevalent by the application of the measures contemplated by the law of June 29th, 1922, which may be summed up as follows :

(1) Grant of advances, free of interest, to welfare societies or institutes, with a view to establishing consulting-rooms and special premises for the treatment of the disease ;

(2) Grants for the equipment and working of these consulting-rooms ;

(3) Grants for the organisation of propaganda by means of theoretical or practical courses of instruction for doctors and for the prophylaxis of trachoma in schools.

The number of public dispensaries (consulting-rooms) for the free treatment of trachoma continues to increase. During 1925, thirty-nine new dispensaries, the majority of which are in Sicily, Sardinia and Apulia, were established with State aid, so that at present there are 196 of these institutions, as compared with 156 in 1924. There are also a large number of consulting-rooms established by communes or other groups and subsidised by them, not counting the general medical and surgical dispensaries which also treat trachoma cases.

Special measures are taken for the prevention of trachoma in schools, and more schools for trachomatous children have been opened. Subsidies have been granted for the equipment and working of schools of this kind, with services for the regular examination of the children's eyes in the provinces of Apulia, Sardinia and Sicily. In places where there are no schools for trachomatous children, regulations have been laid down for the regular examination and ophthalmic treatment of the pupils. Further, with the help of the scholastic authorities, children suffering from diseases of the eyes are more strictly isolated, and the number of special classes for trachomatous children has been increased. In districts where trachoma is very prevalent, sanatoria schools are being established either with a view to the prophylaxis of the disease or for its treatment, with the help of dispensaries attached to the schools.

Seven of these establishments, comprising 24 classes, are working in the province of Syracuse; 4, comprising 7 classes, in the province of Girgenti; and one, comprising 4 classes in the province of Messina.

In 1925, theoretical and practical courses for communal medical officers, public health officers and private practitioners were organised, dealing with the diagnosis, treatment and prophylaxis of trachoma.

Recently, the Italian Ophthalmological Association was created, under the presidency and direction of Professor Cirincione, Senator and Director of the Ophthalmic Clinic at Rome, to promote scientific study and research work concerning diseases of the eye and, more especially, the ætiology, prophylaxis and treatment of trachoma.

To complete the data already collected by the League of Nations, it would be necessary to obtain information concerning trachoma from the following countries :

1. *Europe* :	1. Albania,	8. Irish Free State,
	2. England,	9. Lithuania,
	3. Belgium,	10. Luxemburg,
	4. Bulgaria,	11. Malta,
	5. Denmark,	12. Norway,
	6. Danzig,	13. U.S.S.R.
	7. Finland,	
2. *Africa* :	1. Algiers,	3. Egypt,
	2. Libya (Tripoli and Cyrenaica),	4. Tunis,
		5. Morocco.
3. *America* :	1. Argentine Republic,	6. Mexico,
	2. Brazil,	7. Panama,
	3. Chile,	8. Uruguay,
	4. Costa Rica,	9. Venezuela,
	5. Cuba,	10. Dominican Republic.
4. *Asia* :	1. Cyprus,	4. Dutch East Indies,
	2. Palestine and Syria,	5. French Indo-China,
	3. British Indies,	6. China.
5. *Australia* :	1. Australia,	2. New Zealand.

These States should be invited to supply information not only concerning the prevalence of the disease, its distribution over the territory, its progress during recent years, its gravity, etc., but also concerning any laws and regulations which may have been enacted or circulars which may have been published by the health authorities regarding the prophylaxis of the disease, and any other information of special interest in connection with this problem, *e.g.*, information as to whether the notification of trachoma is compulsory in isolated cases or in certain determined cases or sections of the population, whether the service of visiting nurses is made use of; whether the school-children are regularly examined and with what results; whether dispensaries or consulting-rooms exist for trachomatous cases, either attached to hospitals or independent; whether special clinics or hospitals exist; whether propaganda in health matters and, in particular, anti-trachoma propaganda has been organised; information regarding housing and living conditions in so far as they are factors in the spread

of the disease ; whether country doctors receive special instruction to enable them to diagnose and treat trachoma ; and, finally, what investigations and researches, if any, are being carried out with a view to ascertaining the causes of infection and the best means of preventing and combating the disease.

ANNEX 120.

A. 112. 1926. III.

RESOLUTION ADOPTED BY THE ASSEMBLY AT ITS MEETING HELD ON SEPTEMBER 24TH, 1926 (AFTERNOON), ON THE PROPOSAL OF THE SECOND COMMITTEE.

The Assembly :

Having taken note of the reports dealing with the work of the Health Organisation (documents A.6.1926, A.6 (*a*).1926 and A.17.1926), notes with satisfaction the growth and increasing usefulness of that work with its tendency to universality ;

Expresses its gratification at the work undertaken and the results obtained by the Health Committee and its organs as well as by the various experts entrusted with special missions, and wishes to express its sympathetic interest with the scientists of the International Commission on Sleeping-Sickness who are conducting their sometimes dangerous enquiry in Equatorial Africa.

The Assembly notes with satisfaction the close collaboration established with the sanitary and medical authorities of Japan as a result of the interchange and the conferences held in that country ; and with the sanitary administrations of other Far-Eastern countries, through the intermediary of the Advisory Council of the Epidemiological Intelligence Bureau of the League at Singapore ;

Notes, in particular, the plan of research work and special enquiries into health problems of the Far East in which the administrations of British India, China, the Dutch Indies, French Indo-China, Japan, the Philippine Islands and Siam have promised their assistance ;

And requests the Council to refer the resolutions proposed by the Cuban [1], Czechoslovak [2] and Uruguayan [3] delegations to the Health Committee for consideration.

A. 112 (a). 1926. IV.

SECOND RESOLUTION ADOPTED BY THE ASSEMBLY AT ITS MEETING HELD ON SEPTEMBER 24TH, 1926 (AFTERNOON), ON THE PROPOSAL OF THE SECOND COMMITTEE [4].

The Assembly,

In view of the importance of the work of the Singapore Bureau of Epidemiological Intelligence as the first institution of the League of Nations in the Far East, and in view of the utility of its work not only for the Far-Eastern countries but also for other States Members of the League :

Decides that provision for the expenses of the Bureau should be made in the Budget of the League for 1927.

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[1] The Second Committee, in conformity with the resolutions adopted by the Assembly at its fifth and sixth ordinary sessions on the subject of infant mortality and the protection of children, requests the Council to ask the Health Committee to consider to what extent it could, at a suitable time, enlarge its scheme of international enquiry to include other problems of eugenics.

[2] The Second Committee, considering the importance of physical culture as a means for preventing disease, and in view of the interest which numerous countries take in that question, asks the Council to instruct the Health Committee to consider the inclusion in the programme of its work of the international investigation of physical culture, including scholastic hygiene, and to decide what special problems may necessitate a comparative study and a co-ordination of national research work and national enquiries.

[3] The Second Committee, having taken note that the International Economic Conference's plan of enquiry is to include an examination of the problem of nutrition (document A. 24. 1926. II), points out the interest which would attach to the supplementing of this enquiry by a study of the problem from the standpoint of race improvement. This study should take into account the work of the Health Organisation regarding infant mortality, as well as the reports by the Japanese Institute of Research into Nutrition Problems comprised in the publications of the Health Committee.

[4] See document A. 112. 1926. III.

C. 585. 1926. III.
[C. H. 518.]

ANNEX 121.

REPORT ON THE WORK OF THE EIGHTH SESSION OF THE HEALTH COMMITTEE.

Approved by the Council on December 6th, 1926.

I.

The Health Committee considered the report of the Permanent Standards Commission (C.H. 517) and the Chairman's description of the work accomplished by this Commission during its session of October 11th, 12th and 13th, 1926. The following resolution was adopted:

" The Health Committee takes note of the report of the Permanent Standards Commission, including the work of the Sub-Committees for the study of anti-dysenteric and anti-tetanic sera."

II.

The interim report of the Sleeping-Sickness Commission (C.H. 505), outlining the work already accomplished by the experts assembled at Entebbe, on Lake Victoria, Uganda, and recommending an extension of six months in addition to the twelve-months period of work as originally recommended by the London Conference, was considered by the Health Committee.

The Health Committee was of the opinion that it would be desirable for the Commission to prolong its work for this additional period, and accordingly adopted the following resolution:

" The Committee accepts the interim report of Dr. Duke of August 3rd, 1926, regarding the progress made by the expert mission on sleeping-sickness established at Entebbe, and associates itself with the appreciation of this work which was expressed in the resolutions of the Assembly of September 24th, 1926.

" The Committee approves the proposal that the work of this mission should be prolonged for approximately six months beyond the term of twelve months originally proposed by the London Conference, and recommends that, should it be necessary, communications should be addressed from the League to the Governments participating in the enquiry to invite the contribution of additional funds for this purpose."

III.

The Health Committee took note of the suggestions made to them in regard to the desirability of informing a larger number of public health officers, and others who might be interested, concerning the work of the Health Organisation. After discussion, the Committee expressed its views as follows:

" The Health Committee instructs the Medical Director to prepare a memorandum on methods of disseminating more widely information in regard to the work and publications of the Health Organisation."

IV.

The Chairman, on behalf of the Cancer Commission, made a statement on the work accomplished since the enquiry was initiated by the Health Committee, with special regard to reports presented to the Commission during its session of October 1926. After an exchange of views, the Health Committee adopted the following resolution:

" The Health Committee:

" Takes note of the Chairman's statement with regard to the work of the Cancer Commission in relation to the reports on the geographical and racial distribution of cancer mortality;

" Desires to associate itself with the Commission in its expression of gratitude to the experts who have contributed so much to the success of this enquiry; and

" Requests the Commission, after the current reports and enquiries have been completed, to prepare for a subsequent session a résumé of the work already accomplished, together with their proposals for further study."

V.

The Chairman of the Malaria Commission made a statement on the progress of the work in 1926, referring to the study tours, field and laboratory studies, and the malaria courses. The Health Committee adopted the following resolution, presented by the Chairman on behalf of the Malaria Commission:

" The Health Committee decides:

" 1. To extend the study tours of the Malaria Commission to some extra-European countries where malaria prevails, postponing to a future date the selection of those countries to be studied in 1927.

" 2. To continue the studies undertaken by the Commission and by certain of its members on:

" (*a*) The problem of deltas (already begun on the deltas of the Danube, the Ebro and the Pô);

" (*b*) The effect of major sanitary measures, especially in Italy and Holland;

" (*c*) The laboratory problems described in the resolutions adopted by the Committee during the October 1925 session;

" (*d*) The relations between certain meteorological conditions and the prevalence of malaria.

" 3. To continue the study of the secondary alkaloids of cinchona, as well as of hydroquinine and cuprein derivatives, in order to complete the preparatory measures for an international conference on this subject.

" 4. To repeat in 1927 the malaria courses at the Institutes of Tropical Medicine at Hamburg, London and Paris, followed by the practical stage in countries where malaria prevails."

VI.

The Health Committee considered the report of the Medical Director on the work undertaken to give effect to a resolution adopted at a previous session in regard to the forthcoming revision of the International List of Causes of Death. After careful examination the following resolution was adopted:

" The Health Committee,

" Having considered the report of the Medical Director on the List of Causes of Death, the correspondence on this subject with the International Institute of Statistics and the observations made during the discussions in the Committee,

" Decides:

" (*a*) To entrust to a committee of experts the study of the documents transmitted to the Health Section by the Governments which comply with its request and of the preparatory work incident to the revision of the nomenclature now in use;

" (*b*) To keep the International Institute of Statistics in touch with the work of the committee of experts and, when the moment appears opportune, to convoke a preparatory conference of the committee of experts and a delegation from the Institute in order to secure agreement on the questions which will be submitted to the future international conference."

VII.

The Chairman of the Smallpox and Vaccination Commission outlined the progress of the enquiry, including the laboratory and field studies in the countries concerned.

The Health Committee decided to request the Commission to meet at an early date with such experts as are at this stage in its judgment necessary for the purpose of preparing a progress report.

VIII.

The proposal of Dr. Tsurumi in regard to school hygiene was presented to the Health Committee, which decided to proceed accordingly and adopted the following resolution:

"The Health Committee:

"Decides to instruct the Medical Director to collect information for a comparative study of school health programmes and regulations and for the study of certain special problems of school hygiene such as nutrition of school-children and recent experience in the prevention of certain infectious school diseases, for report to a subsequent session."

IX.

The Health Committee considered the report of the Conference of Child Welfare Health Experts (C.H. 507), together with the proposals for the study of certain subjects relating to child hygiene and infant mortality. The following resolution was adopted:

"The Health Committee:

" Expresses its appreciation of the work of the Conference of experts and approves the proposals for investigations contained in its report;

" Decides to invite experts from South American countries to participate in the studies proposed by the Conference, and to convene these experts in a Latin-American country to examine and present a report on the results of their studies."

X.

The Health Committee adopted the report of the Medical Director on the work accomplished since the sixth session (May-October 1926).

XI.

The Health Committee considered the resolution relating to the study of eugenics presented to the seventh ordinary session of the Assembly by the Cuban delegation (A. 112. 1926. III) and decided that the present moment was not opportune to propose an enquiry on this subject.

XII.

The Health Committee, having considered the resolution relating to physical education presented to the seventh ordinary session of the Assembly by the delegation of Czechoslovakia (A. 112. 1926. III), decided as follows:

" The Health Committee requests the Medical Director, in consultation with experts in physical education and after consultation with the health authorities of Czechoslovakia, to prepare a report on this subject for a subsequent session."

XIII.

The Health Committee considered the resolution in regard to the problem of nutrition presented to the seventh ordinary session of the Assembly by the delegation of Uruguay and, while realising the international importance that a study of this nature would have, decided to postpone more detailed consideration to a subsequent session.

XIV

" The Health Committee,

" Having taken note of the second provisional report on trachoma,

" Decides to continue the enquiry along the lines indicated in that report "

XV.

" The Health Committee,

" In view of the stipulation contained in the agreement with the Office international d'hygiène publique which governs the Health Organisation of the League of Nations, and

" In view of the convenience there would be in making proposals to the Council of the League of Nations at an early date regarding the nomination of members to be appointed by the Council:

" Decides to authorise the Bureau to make the necessary proposals regarding the nomination of members of the Health Committee to be selected by the Council of the League of Nations."

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